

Affiliated to RTU, Kota • Approved by AICTE & UGC under 2(f) • Accredited by NBA

Name:

EMPLOYEE LEAVE/OD APPLICATION FORM

Emp.ID: _____

Designa	ition		Depar	tment			
Type of	Leave:	Planned			Telephon	ic:	
Leave/C	OD taker	ı so far: _	Out of total Sanctione	ed:	HOD Na	me	
Leave/C	OD appli	ed from ((Date):to_		No	o. of Days	
Reason							
	nature (ant with		Signat Recommendi Leave Arra		-	San	Signature of ctioning Authority
Name:							
S. NO.	Date	Class	Name of the alternative lecturer	Time	Period	Subject to be taken	Sign. of the alternative lecturer



EMPLOYEE LEAVE/OD APPLICATION FORM

-								p.1D:
esigna	ition			Depar	tment			
Type of Leave: Planned				Telephonic:			ic:	
eave/C	OD taker	so far: _	Out of to	tal Sanctione	d:	HOD Na	me	
eave/C	OD appli	ed from ((Date):	to_		No	. of Days	
eason:								
	nature (ant with			Signat Recommendi Eave Arra	ng Autho		Sanc	Signature of tioning Authority
ame:					-			
S. NO.	Date	Class	Name of the a lectur		Time	Period	Subject to be taken	Sign. of the alternative lecturer
\rightarrow								
\dashv								
$\overline{}$								
I								



Affiliated to RTU, Kota • Approved by AICTE & UGC under 2(f) • Accredited by NBA

Permission for 5 days Study Leave

		Date:
Name:		Emp.ID:
Department:	Last Qualification	Year of Passing
Qualification for which permission	on is required:	
Date of Commencement:	Duration of Cou	rse:
Mode of Education (full time / par	t time)	
Name of Institution		City:
Any other request for permission	on of study leave:	
		Signature of Applicant
	Remarks, Name & Signature of HOD	/ Dean as recommending authority
	Remarks, Name & Signature of 110D	bean as recommending authority
	Remarks & Signatu	ire of Approval by Campus Director



Permission for 5 days Study Leave

		Date:
Name:		Emp.ID:
Department:	Last Qualification	Year of Passing
Qualification for which permis	ssion is required:	
Date of Commencement:	Duration of Cou	rse:
Mode of Education (full time /)	part time)	
Name of Institution		_City:
Any other request for permi	ssion of study leave:	
		Signature of Applicant
	Remarks, Name & Signature of HOD	Dean as recommending authority
	Remarks & Signatu	re of Approval by Campus Director