

APPLICATION FORM FOR STUDY LEAVE

1. Name of Applicant _____
2. Present designation _____
3. College in which working _____
- 4.a) Date of first appointment _____
- b) Date of appointment from _____
which she is continuously
serving in the college _____
- c) Date of confirmation _____
- d) Date of promotion to the
present post _____
5. Educational Qualification _____
6. a) Married/Unmarried _____
- b) No. Of dependents _____
(state nature of relation-
Ship in each caser.)
7. Present Pay _____
8. a) Period for which leave is
required. _____
- b) Approximate date of availing
of the leave, if granted _____
9. _____
- b) Approximate date of availing
of the leave, if granted _____
- c) With maintenance allowance _____
- d) Without pay and without
maintenance allowance _____
10. Universiy/Institution
Proposed to join _____
- a) State _____
- B) Country _____
- (c) N.B:- (Enclose copy of
letter (s) relating to the
offer of admission)

11. Purpose for which leave is
Required, viz, whether for
higher studios of research
Work _____
- C) Subject or branch of study
which is proposed to be
studied _____
12. a) The nature and the amount of
any scholarship, Fellowship or
other financial aid, including
travel grant if any, obtained
or promised. (enclose copy of the
relevant document (s) (It shall be
the duty of the persons granted
study leave to communicate to
the college immediately and
financial aid, sctually offered and
recieved by him/her during him/her
leave from any persons or institutions
whatsoover).
b) If the scholarship Fellowship or
Financial assistance has ben bought
Or obtained direct from a foreign
Mission/Foundation/Government/Organi
-sation, it may be stated as to whether
the approval of the Government of India
has been obtained for its acceptance.

13. Whether study leave was granted
previously, if so the conditions
of grant and the period for the
same, with other details may be
indicated.

14. Whether willing to execute a bond for serving the College or return for a period as may be asked for by the college.

Date _____

Signature of the applicant

TO BE FILLED IN BY THE COLLEGE OFFICE

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College	** Names of teachers Already on Study Leave (with or without pay) and on Extraordinary leave.	Total no. of Permanent teachers in the College	Probable Date of Rejoining of the teachers Already on Study Leave Extraordinary Leave.	Proposal Regarding Teaching arrangement if leave Recommended	Whether the university Head of the Dept. concerned has approved of the Field of Advanced Studies For Study leave is sought and has recommended study Leave taking into Account other relevant matters

Recommendations of the Principal of the College with Endorsement of Statement made under (a) and (B)

Date _____

SIGNATURE OF THE PRINCIPAL

RECOMMENDATIONS OF THE HEAD OF THE DEPARTMENT

Date _____

SIGNATURE OF THE PRINCIPAL

* Strike off that which is not relevant and initial.

** In order to determine the limit of 10% of the total no. of permanent Teachers who could be on Study leave, teachers on study leave with Or without pay should be concerned.

*** The College should obtained the recommendation of the University Head of the department concerned before forwarding the application.