



राष्ट्रीय प्रौद्योगिकी संस्थान सिक्किम

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

(An Institute of National Importance, Ministry of Education, Govt. of India)

APPLICATION FOR COMMUTED/ HALF PAY/ MATERNITY LEAVE

(To be submitted, in original, to Establishment Section)

Name & Designation : _____

Department/ Section : _____

Leave Applied for : _____ Days from _____ to _____

Leave (if extended) : _____ Days from _____ to _____

Purpose of Leave : _____

Leave Address : _____

(When out of station)

Telephone/ Mobile No. : _____

Medical certificate attached : Yes/No (As per requirement) _____

Date of Departure : _____

Leave / Class Arrangement : Yes/No (As per requirement) _____

(If Yes, Annexure-I to be filled by Faculty member/Technical Staff)

Signature of the Employee with Date

Comments/ Recommendation of the Head of the Department/ Section – Incharge/ FIC.....

Signature of the Head of The Department

Comments of the leave sanctioning authority (leave approved/ not approved)

Signature of the Sanctioning Authority

For Establishment Section Use

Total Leave at creditDays	Leave applied for..... Days, from to..... including extended leave (if any).
Date of Departure	Date of joining
Entered in the Register at Page	Entered in the Service Book at page no

Signature, Dealing Assistant



Class arrangement for Faculty members/ Technical Staff

Date	Time	Semester/Year	Subject Name & Code	Classes arranged with	Signature of the concerned Faculty

**Signature
of the Employee**

**Signature
of the Head of the Department**