



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

ACIR FORM – L21

**LEAVE APPLICATION**

(For Special Casual Leave from ACIR)

1.	Name of the applicant	Dr.			
2.	Designation				
	Academic Division				
3.	Period of Spl. C.L applied	Nature	From	To	No. of Days
4.	Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days:
		Suffix	From:	To:	No. of Days:
5.	Reasons for leave (please attach supporting papers)				
6.	Mention the MoU and Program under which Spl.C.L. applied				
7.	Whether Station Leave permission required or not	Yes, From:	To:	NO	
8.	Are you holding any other position like HOD, HOC, HOS, Warden, Chairman of a Committee etc. If so, please enclose the approval/ consent of appropriate authority for the period of leave.				
*9.	Arrangement for classes during the proposed leave (for faculty members)	No. of classes to be missed:	Alternative Arrangement:		
10.	Address while on leave				
		Contact Phone No. (if any):	Pin:		

Date : \_\_\_\_\_

Signature of the Applicant

Emp\_No.: \_\_\_\_\_

Remarks and/or recommendation of HOD/Dean/Director

Signature

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Dept./Section/Centre : \_\_\_\_\_

Note: If the proposed leave is during the semester period, please furnish the details of alternate arrangement for the missed classes.

**FOR OFFICE USE**

**Certified that the following leave is admissible to:**

Name of the applicant	Dr. / Mr. / Ms.:			
Designation				
Dept. / Section / Centre				
Period of leave admissible	Nature	From	To	No. of Days
Holidays Prefixing / Sufficing	Prefix			
	Suffix			
Station Leave	From :	To :	No. of Days :	
No. of Special Casual Leave already availed in .....		<b>Days</b>		

**Leave as above may be approved:**

\_\_\_\_\_  
Signature of the dealing officials

**Approval of Sanctioning Authority:**

\_\_\_\_\_  
Signature of Dean, ACIR

Forwarded to Faculty Affairs for record in the personal file of the concerned applicant