NPTEL Post Baccalaureate Fellowship Program

LEAVE APPLICATION

FORM – A

1.	Name of the applicant	Mr. / Ms.:			
2.	Name of the Faculty coordinator				
	Project Name				
3.	Period of Leave	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				
6.	Address while on leave				
7.	Alternate contact number during leave period				
8.	Whether Station Leave permission required or not	Yes, From:	To:	NO	

Date : _____

_____
Signature of the Applicant

Remarks and/or recommendation of the Faculty coordinator

_____
Signature of the Faculty coordinator

Designation : _____

Date : _____

Dept./Section/Centre : _____

FOR OFFICE USE