# THAPAR UNIVERSITY, PATIALA

Dated : _____

## APPLICATION FOR LEAVE

☐ EARNED ☐ COMMUTED ☐ HALF PAY ☐ EOL WITHOUT PAY ☐ LEAVE OF KIND DUE

| NAME | DESIGNATION | DEPARTMENT |
|---|---|---|
| | | |
| **PERIOD (Dates for Leave Applied For)** | **PURPOSE OF LEAVE** | **PERIOD OF STATION LEAVE (If Required)** |
| | | |

| DETAILS REGARDING ARRANGEMENT FOR CLASES (IF APPLICABLE) | |
|---|---|
| | |
| **ADDRESS DURING THE STATION LEAVE** | **SIGNATURE OF APPLICANT** |
| PHONE/MOBILE NO. | |

| RECOMMENDED/ NOT RECOMMENDED | RECOMMENDED/ NOT RECOMMENDED |
|---|---|
| INCHARGE/ SUPERVISOR | HEAD OF DEPARTMENT |

**RECOMMENDATIONS OF THE DEAN OF ACADEMIC AFFAIRS** (ONLY FOR FACULTY)

DEAN, ACADEMIC AFFAIRS

NOTE: Leave on Medical Grounds exceeding 3 days should be supported by Medical Certificate.

---

**FOR OFFICIAL USE IN THE PERSONNEL SECTION ONLY**

| LEAVE ADMISSIBLE | | |
|---|---|---|
| **EARNED LEAVE** | **COMMUTED LEAVE** | **HALF PAY LEAVE** |
| | | |

**OFFICE RECOMMENDATION :-**

May sanction leave as under:-

| | No. of Days | Kind of Leave | From | To |
|---|---|---|---|---|
| | DAYS | EARNED LEAVE | | |
| | DAYS | COMMUTED LEAVE | | |
| | DAYS | HALF PAY LEAVE | | |
| | DAYS | EOL WITHOUT PAY LEAVE | | |

**OFFICE REMARKS (If any) :**

Dated : _____ **DEALING ASSISTANT SUPDT./AR(PAS) REGISTRAR**

---

**SANCTIONED/NOT SANCTIONED**

**SANCTIONING AUTHORITY**