

Indian Institute of Technology Bhubaneswar Argul- 752050

APPLICATION FORM FOR GRANT OF LEAVE (INSTITUTE SCHOLARS)

To be filled by the Applicant																	
1	Name							2	Ro	il No.							
3	Supervisor							4	School								
5 Type of Leave			☐ Casual Leave				Me	dical Le	ave	☐ Duty Leave							
6	Total No. of worki days during the lea period		FN	om						FN	O AN						
7 Leave Availed Till Date		Casual Leaveout			of 15	*	Medic	al Leave	aveout of 15*								
8 Purpose																	
9	Address during	Ph:															
10	Undertaking		I undertake to abide by the rules and regulations applicable in this regard. Signature of the Research Scholar														
11 TA Substitute																	
Recommendation of Supervisor			Recommended/Not Recommended for days(working days) of CL/Medical Leave/Duty Leave Signature of the Supervisor														
To be filled by the Head of School																	
Leav	e Availed Till Da		CL			r	Иed	. L			Outy L.				_		
Sanctioned/Not Sanctioned days (working days) of CL/Medical Leave/Duty Leave																	
Signature of Head of School																	
Application Form is to be retained with HOS after sanction																	
Joining Report [To be filled on the date of joining]																	
	Date of Joining						No.		ays of lea	ive	re l						
Signature of Research Scholar							Sig	natu		Head of							
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^{*}A scholar shall be entitled to (i) casual leave of 15 days and (ii) medical leave of 15 days in a year counting from the date of joining the program. Application for medical leave should be supported by relevant documents. Any absence over and above the admissible leave as prescribed above shall be without assistantship, which shall be deducted on a pro-rata basis for the days of such absence.