

UNIVERSITY OF MUMBAI - DEPARTMENT OF ATOMIC ENERGY
CENTRE FOR EXCELLENCE IN BASIC SCIENCES

LEAVE APPLICATION FORM

Name		COMPUTER CODE					
Section							
Designation		FROM (DD/MM/YY)					
No. of days Leave required							
With prefix		TO (DD/MM/YY)					
With suffix							
Reason							
Address while on leave:		Type of leave (tick \sqrt whichever is applicable)					
		<input type="checkbox"/>	A Earned	<input type="checkbox"/>	J Study Leave with Pay		
		<input type="checkbox"/>	B Vacation	<input type="checkbox"/>	K Extra Ordinary Leave Without Pay		
		<input type="checkbox"/>	C Maternity	<input type="checkbox"/>	L Study Leave Without Pay		
Details of last leave availed		<input type="checkbox"/>	D Deputation	<input type="checkbox"/>	N Deputation Without Pay		
Period of leave		<input type="checkbox"/>	E Commuted	<input type="checkbox"/>	O Half Pay		
From	To	<input type="checkbox"/>	F Half Pay	<input type="checkbox"/>	P Leave Not Due		
		<input type="checkbox"/>	G Disability	<input type="checkbox"/>	Q Paternity Leave		
No. of occasions earned leave availed of during the calendar year		<input type="checkbox"/>	H Deputation	<input type="checkbox"/>			
		<input type="checkbox"/>	I Commuted	<input type="checkbox"/>			
Signature of the applicant and date :							
		Sanctioning Authority			Leave due as on		
					Earned Leave		Days
Recommendations of the Head of the Section		Half Pay Leave			Days		
Date		Date			Vacation		Days

COUNTER FOIL OF LEAVE APPLICATION							
Name							
Computer Code							
Section							
Type of Leave							
From		To					
Prefix		Suffix		Office Supdt (Admin)			
No. of days							
Leave due		Days EI / VC					
Half Pay leave as on							