

UNIVERSITY OF MUMBAI - DEPARTMENT OF ATOMIC ENERGY
CENTRE FOR EXCELLENCE IN BASIC SCIENCES
 Nalanda, UM-DAE CEBS, University of Mumbai, Kalina Campus, Mumbai -400098

LONG 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:					
Details of last leave availed		Type of leave (tick whichever is applicable)			
		A Earned		H Paternity Leave	
Period of leave		B Vacation		I Child Care Leave	
		C Half Pay Leave		J Study Leave	
From	To	D Commuted		K Deputation Leave	
No. of occasions Earned leave availed of during the calendar year		E Leave Not Due		L Deputation Without Pay	
		F Extra Ordinary Leave		M Sabbatical Leave	
		G Maternity Leave		N Disability/WRILL	
Signature of the applicant and date :					
Recommendations of the Head of the Section		Sanctioning Authority			
Date		Date			