



**APPLICATION FOR GRANT OF DUTY LEAVE /SPECIAL CASUAL LEAVE**

1.	Name of the Teacher	
2.	Designation	
3.	Department/Centre/Institution	
4.	Mobile/Email address	
5.	Name of the University/Institution/ Organization with address conducting the Seminar/Workshop/ Programme etc., (Copy of Invitation/letter to be enclosed)	
6.	Dates of Seminar/Conference/Workshops/ Symposium / Programmes, etc.,	Number of days ( ) From..... To.....
7.	Place of Visit	
8.	Home Town of Teacher declared	
9.	No. of Duty Leave/Special Casual Leave required (Please include journey days, if needed)	Duty leave/Special casual leave From..... To.....
10.	Mode of travel (Air/Train/Bus, etc.,)	
11.	Any Casual Leave (CL) / Restricted Holiday (RH) Prefixing/ Suffixing the dates of the Seminar/ Conference etc., is applied (If yes. please give details)	

*Note: (1) Copy of Invitation letter shall be enclosed while applying for DL/Spl.C.L.*

*(2) Joining duty report along with participation certificate duly forwarded by the Head of the Department shall be submitted upon resuming duty.*

Date: .....

Signature of the faculty: .....

**Recommendations of the Forwarding Authority**

Recommended /Not Recommended

Signature with Designation & Date: .....

**For Office use:**

- Duty Leave/Special Casual Leave at the credit of the faculty during the current academic year : \_\_\_\_\_
- Number of days applied : \_\_\_\_\_
- Balance/available : \_\_\_\_\_

Dealing Assistant