भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

ACADEMIC RESEARCH SECTION

APPLICATION FOR LEAVE OF IPDF

Form IPDF - 04

1. Name	**Dr./ Mr./ Ms./**				
2. Department/Centre	**:**				
3. Nature & Period of Leave	Nature		From	To	No. of Days
	Ordinary Leave				
4. Holidays, if any proposed to be Prefixed/ suffixed	**Prefix**	**From:**		**To:**	**No of Days:**
	Suffix	**From:**		**To:**	**No of Days:**
5. Reasons for leave	**:**				
6. Whether Station Leave Permission required or not		**Yes/No, From:**		**To:**	**No**
7. Address on Leave	**:**				
	Contact Phone No: (if any)			**Pin:**	

Signature with date: ……..

Remarks/ Recommendation of Mentor

Name:

Signature:

Remarks/ Recommendation of Head of Academic Division

Name:

Signature:

FOR ACADEMIC RESEARCH OFFICE USE

Nature and period of leave applied	**Nature**	**From**	**To**	**No. of Days**
	Earned Leave			
Holidays Prefixing / Suffixing	**Prefix**			
	Suffix			
Station Leave	**From :**	**To :**	**No. of Days :**	
Balance of Leave as on date		**Days**		
No. of Special Earned Leave already availed during the year		**Days**		

Put up for approval		
	Dealing Assistant :	**HoS (AR):**
Approved/ Not Approved With/ Without Station Leave Permission		
	……	
		Signature (Dean AR)