



# श्री माता वैष्णो देवी विश्वविद्यालय

## Shri Mata Vaishno Devi University

Kakryal-182320, Katra (J&K)

### Leave form for Faculty Members at SMVD University

1.(i) Name of the Faculty		1.(ii) Dt. of Joining	
1.(iii) Designation		1.(iv) Department	
2.(i) Type of Leave <b>Casual /Earned/Maternity/Paternity/Half-pay/Special Casual Leave/Compensatory Leave / Vacation Leave / Child Care Leave</b> (Tick, whichever is applicable)			
2.(ii) Dates of Leave		From: _____ To _____	2.(iii) Balance available
2.(iv) Reason for availing Leave			
2.(v) Address & Mobile no. during leave			
3.(i) Arrangement of classes during leave period			
S.No.	Course No.	Substitute Faculty Name	Signature of Substitute Faculty
3.(ii) Arrangement for other Administrative Commitments			
(a)			
(b)			
(c)			
4. Signature of the Applicant		5.Date	
Not more than 4 CL's can be availed at a time. CL of HoD's shall be sanctioned by the Deans. [a copy of the sanctioned leave be sent to Registrar Office for records.]The CL of Deans and Heads of Central Facilities shall be approved by the HVC.			
5. Recommended / Not Recommended by DoS in case of Warden/Jt.Warden		Signature with date:	
6. Sanctioned / Not Sanctioned		HoD	Signature: _____ Date: _____
		Dean	Signature: _____ Date: _____
7.Recommended / Not Recommended [for all other kinds of leave not covered above]			
Signature of HoD with date:		Signature of Dean with date:	
8.Observation / Remarks of AR[E]			Signature with date:
9.Sanctioned / Not Sanctioned by the Registrar [in case of EL/HPL/SpCL/Comp Leave is ≤ 5 in continuation]			Signature with date:
10. Recommended & Forwarded by the Registrar [in case of EL/HPL/SpCL/Comp Leave > 5 in continuation and in case of long leaves like Mat/Pat/Child Care]			Signature with date:
11. Sanctioned / Not Sanctioned by the Vice Chancellor			Signature with date:

**Certification by MO/Dy.MO in case of Half Pay Leave on Medical grounds**

Certification by the Medical Officer / Dy. Medical Officer for consideration of leave on medical grounds as per University rules, in view of the OPD Slip / Medical Prescription / Certificate attached:	Recommended [please provide ailment details]:
	Not Recommended [Reason]:
Signature of MO/Dy.MO with date:	

**In case of Maternity Leave / Paternity Leave**

1. Certified that the Maternity / Paternity leave is being availed for the first / second child only.
2. Certified that the confinement / discharge certificate from the hospital/nursing home clearly mentioning the date of delivery is enclosed.
Signature of the Faculty Concerned with date:

**In case of Child Care Leave**

1. Certified that the Child Care leave is being availed for the first / second child who is a minor.
2. His / Her date of birth is ..... Copy of Birth Certificate issued by the Municipality / State Education Board is enclosed.
Signature of the Faculty Concerned with date:

a. Returned to Registrar / AR [Estab.] for records by VC Secretariat.

b. Photocopy to be sent to the HoD for records & intimation to the faculty concerned.