



श्री माता वैष्णो देवी विश्वविद्यालय

Shri Mata Vaishno Devi University

Kakryal-182320, Katra (J&K)

Leave form for Non-Teaching Members at SMVD University

1.(i) Name of the Staff		1.(ii) Dt. of Joining	
1.(iii) Designation		1.(iv) Department / Section	
2.(i) Type of Leave		Casual / Earned / Maternity / Paternity / Half-pay / Compensatory Leave (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 Laboratory / Library / Engineering / Estates Work / Driver during leave period			
S.No.	Details of Duty	Substitute Name	Signature of Substitute Staff
3.(ii) Arrangement for other Administrative Commitments			
(a)			
(b)			
4. Signature of the Applicant		5.Date	
Not more than 4 CL's can be availed at a time. CL of Staff shall be sanctioned by the concerned Section Head [a copy of the sanctioned leave be sent to Registrar Office for records.], however, CL of Section Heads shall be sanctioned by the Registrar.			
6. Sanctioned / Not Sanctioned [in case of CL only]		Section Head: _____	Signature: _____ Date: _____
7. Recommended / Not Recommended [for all other kinds of leaves not covered above] Please Specify:			
Signature of Section Head with date			
8.Observation / Remarks of AR[E]			Signature with date:
9.Sanctioned / Not Sanctioned by the Registrar [in case of CL/EL/HPL/ Comp Leave is ≤ 7 in continuation]			Signature with date:
10. Recommended & Forwarded by the Registrar [in case of CL/EL/HPL/ Comp Leave > 7 in continuation and in case of long leaves like Mat/Pat]			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. [please specify]
2. Certified that the confinement / discharge certificate from the hospital/nursing home clearly mentioning the date of delivery is enclosed.
Signature of the Staff Concerned with date:

Important

1. In case of Earned Leave the application must be sent at least 07 days in advance.
2. All requests for HPL on Medical grounds be accompanied with OPD Slip / Medical Prescription / Certificate along with Fitness Certificate [in case of prolonged illness] from a registered medical practitioner.
3. The application for Maternity and Paternity Leave must be accompanied with Confinement / Discharge certificate from the hospital / nursing home clearly mentioning the date of delivery of the baby.
4. The concerned staff shall submit departure report before proceeding on all types of long leaves and joining report on resuming duties after availing these leaves.

a. Returned to Registrar / AR [Estab.] for records by VC Secretariat.
b. Photocopy to be sent to the HoD for records & intimation to the staff concerned.
c. Issuance of Notification by establishment wing, where the Leave is of longer duration.