Application format for Leave (Faculty Only)

(Para 1 to 15 & Para 22 to be TYPED by the applicant.)

1. Name **Dr.**  **Mob**  **Email –**
2. Designation: Prof & Head Department of…………….. **,** Faculty of **Medicine**  University ID# **KGMU/F/**
3. Nature of Leave (**Casual**/Restricted/Privilege/Duty/Medical/Maternity/Child Care Leave) (Please encircle): Casual Leave
4. Period of Leave Date from: -
5. Reason for Leav**e: -**
6. Work will be looked after by: (Signature of officer who will look after the work):

A. Clinical & Teaching (**Dr.**) B. Administrative Dr**.**

7. Correspondence address during leave period: -

1. Details of previous leave taken of such type: -
2. If you are getting any type of financial assistance from any source, salary or any other then provide details when you are applying leave for participation in (International/National Conference/Workshop/Seminar/CME/SAARC Country):- **N.A.**
3. Nature of Conference (National/International**):- N.A**
4. Details of Previous Financial Assistance:- **N.A**
5. In the Calendar year, Financial Assistance **Due**/Not Due:- Due

13. (A) Name of previous National/International Conference (Workshop/Seminar/CME/SAARC Country)  
 attended

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1. Place..... *,* Date
2. Details of obtained previous financial assistance:-

14. Details of leave availed during the year …. Leave Balance ….. ...……

15. Signature of Teacher

1. Date
2. Recommendation of HOD: **Approved** / Not approved Signature of HOD with Stamp

18.-19. Comments of Teaching Section, Registrar Office:

ABOVE INFORMATION (Para 1 to15) VERIFIED FROM RECORDS & FOUND CORRECT. (+ any other comment):

Dealing Assistant In-charge/Administrative Officer

B-Section B-Section Registrar

Date Date Date

20. Sanctioned /Not SanctionedSignature of Vice Chancellor, Date

Endorsement No. /B-24 Dated / /2024

Copy forwarded to the following for information

21. Officer Concerned

22. The Head of the Department of . (As in Para 17)

23. The Finance Officer, KGMU, UP, Lucknow.

24. PS to VC.

25. Personal file of officer Concerned - 26. Master Dispatch file

Note:

1. Please apply 15 days before for proceeding of leave.

2. Approval of Casual and Restricted Leave of the entire faculty (Except HOD) will be done by concerned Head of Department.

3. Concerned faculty will avail the leave and leave the station *ONLY* after sanction of (Casual/Restricted [only for HOD] Privilege /Duty

/Medical /Maternity/Child Care leaves)

4. You should *attach a copy of invitation letter of the Organizer of concerned meeting/course & BLS / ACLS / ATLS Course Certificate* #) •