Date:……………………

**DUTY LEAVE APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of the Employee** | : |  |
|  | **Designation** | : |  |
|  | **Department** | : |  |
|  | **Contact No** | : |  |
|  | **Reason for Duty Leave** |  |  |
|  | (a) Attending OC/RC/RMC/STC | : |  |
|  | (b) Attending Workshop | : |  |
|  | (c) Attending Seminar | : |  |
|  | (d) Official Meeting | : |  |
|  | (e) Training Program | : |  |
|  | (f) External Examiner | : |  |
|  | (g) Others (Please specify) | : |  |
|  | **Details of Leave** |  |  |
|  | (a) Event Name | : |  |
|  | (b) Venue | : |  |
|  | (c) Date/ Duration of the Event | : |  |
|  | **Due date of Next Promotion**  (If DL is applied for OC/RC/RMC/STC) | : |  |
|  | **Date of Last OC/RC/RMC/STC**  (If DL is applied for OC/RC/RMC/STC) | : |  |
|  | **Total no. of DL already availed in the current academic session** | : |  |

N.B.: Teachers are requested to submit necessary documents along with application form

Employee's Signature

(with date)

|  |  |  |
| --- | --- | --- |
| Recommended by  **Head of the Department** |  | Recommended by  **Coordinator, IQAC** |

**(For Office Use Only)**

Leave Status: Approved / Not Approved

Signature of HA

**Principal**

Cachar College, Silchar