

# Vardhaman Mahaveer Open University, Kota

## APPLICATION FOR SPECIAL CAUSAL LEAVE /CAUSAL LEAVE/ DUTY LEAVE / OTHER LEAVE

1. Name of Applicant : .....
  2. Designation & Place of Posting : .....
  3. Nature of Leave (Please tick **✓**) : SCL ☐ CL ☐ DL ☐  
OL(Pls specify).....
  4. Date for which Leave is required & number of days : .....
  5. Purpose of Leave (Kindly attach relevant documents) : .....
  6. Expenditure of Leave will be borne by: 1) University: ☐  
a) Own Source ☐  
b) Institute Grant / DEC ☐  
2) Self ☐  
3) Other Organisation ☐  
Pls specify the name.....  
.....
- Please tick **✓** on appropriate box and in case of funding from other organisation please specify the name of the organisation.
7. Total No. of Leave availed till now in this Academic Year : .....
  8. Leave address & Contact No. in Case the applicant leaves the H.Q. : .....
  9. Mobile No. of applicant during leave Period / e-mail address : .....
  10. Charge handed over to (Kindly specify the name and designation) if more than a week : .....

Signature of applicant

Forwarding Note of Convener (if any) : .....

Forwarding Note of Director of School: .....

### For Office use only

1. Total No. of Leave : S.C.L. ☐ D.L. ☐ O.L./CL ☐
2. Leave availed Till Now: S.C.L. ☐ D.L. ☐ O.L./CL ☐
3. Leave Balance at his credit as on today: S.C.L. ☐ D.L. ☐ O.L./CL ☐
4. Reference number: .....

Signature

Hon'ble Vice-Chancellor

(NOTE: 1) All Directors / Professors shall send applications directly to Hon'ble VC Sir)

2) Other Leaves exclude Privilege Leave(PL) and Medical Leave (ML))