

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA – 136 119**

**APPLICATION FOR COMMUTED/HALF PAY/MATERNITY LEAVE
(To be returned, in original, to GA-Section)**

Name & Designation : _____
 Department/Section : _____
 Leave Applied For : _____ Days from _____ to _____
 (With No. of Days) Prefix _____ Suffix _____
 Leave (if extended) : Days _____ from _____ to _____
 Purpose of Leave : _____
 Leave Address : _____
 (When out of station)
 Telephone/ Mobile No. : _____
 (If any)
 Leave Arrangement : Yes/No (As per requirement) _____
 Medical Certificate Attached: Yes/Not _____
 Date of Departure : _____

**SIGNATURE
OF THE SANCTIONING AUTHORITY**

**SIGNATURE
OF THE EMPLOYEE WITH DATE**

I am submitting my joining report after availing _____ days commuted leave from _____ to _____ including extended leave (if any). Kindly accept my joining on _____ (FN. /AN).

**SIGNATURE
OF THE SANCTIONING AUTHORITY**

**SIGNATURE
OF THE EMPLOYEE WITH DATE**

FOR OFFICIAL USE

Total Leave at credit _____ Days (As verified from GA) with initial of Dealing Assistant in GA.	Leave applied for _____ Days, from _____ to _____ including extended leave (if any).
Date of Departure _____	Date of joining _____.
Entered in the Register at page _____	Entered in the Service Book at page _____ (to be filled by GA-Section)
Medical Certificate Attached : Yes/Not	Fitness Certificate Attached: Yes/Not

**SIGNATURE OF THE DEALING OFFICIAL
OF THE CONCERNED DEPTT. /SECTION**

**SIGNATURE OF DEALING OFFICIAL
OF GA-SECTION**