

No. MANUU/ER.I(B)/F.40/2015-2016/1380

21<sup>st</sup> December, 2015

**CIRCULAR**

**Sub :- MANUU - ER - I Section - Applying for sanction of Duty Leaves / Special Casual Leaves in 10 days advance - Reg.**

**Ref:- Vice Chancellor's approval dated 04.12.2015.**

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The applications for sanction of Duty Leave / Special Casual Leave for attending Seminars, Conferences and other academic assignments are being submitted by the faculty members on a very short notice and in some cases it has been noticed that they have applied the said leave after attending the events. All the faculty members are requested **to apply Duty Leave / Special Casual Leave minimum 10 days in advance before commencement of leave**, otherwise the same shall not be considered and the Earned Leave shall be sanctioned for the days of their absence, provided their request is considered.

  
Registrar i/c

To:

**All Teaching faculty of MANUU**

**Copy to:**

1. Deans, School of Studies
  2. Heads of all Departments
  3. Director, DDE
  4. Principals – CTEs / Polytechnics / Lucknow & Srinagar Campuses / RCs/SRCs
  5. Dean, Academics
  6. Vice-Chancellor's Office
  7. Registrar's Office
  8. President - MANUUTA
  9. Concerned File
- } For favour of circulation among faculty members of the Dept. / Centre



**APPLICATION FOR GRANT OF DUTY LEAVE / SPECIAL CASUAL LEAVE**

Date of application:.....

NAME	
DESIGNATION	
DEPARTMENT / CENTRES / INSTIUTIONS	
Email ID	
Whether Permanent / Temporary	
Proposed dates of Seminar / Conference / Workshop / Symposium or any other programmes etc.	From..... To..... Number of days ( )
Name of the Organization / Institution & Address conducting the programs	
Place of Visit	
Do you apply for Casual Leave (CL) / Restricted Holiday (RH) Prefixing / Suffixing the dates of the Seminar / Conference etc., if yes. Please give details.	

- Note:** 1) Copy of Invitation letter shall be enclosed while applying for Duty / Spl. Causal Leave.  
2) Joining duty report along with participation certificate duly forwarded by the Head of the Department shall be submitted upon resuming duty.

Signature.....

Mobile / Phone No.....

**Recommendations of the Forwarding Authority**

Recommended / Not Recommended

Signature with Date:.....

Name:.....

Designation:.....