REQUISITION PROFORMA FOR GRANT OF ACADEMIC LEAVE

| 1. | Name of Faculty | : | |
|-----|---|---|---------------------------------|
| 2. | Designation | : | |
| 3. | Grade Pay | : | |
| 4. | Department | : | |
| 5. | Purpose for which Academic Leave is required | | |
| 6. | Duration of the Conference/Seminar (Maximum five days) | : | FROM: TO: Total No. of Days: |
| 7. | Name of Conference/Seminar/Programme/Meeting | : | |
| | to be attended, Enclose Brochure/details. | | |
| 8. | Enclose Invitation Letter or E-mail regarding acceptance of paper? (YES/NO) | : | |
| 9. | Days for which leave is applied, give details including travel dates. | | |
| 10. | Place to be visited (Within India/Outside India), | : | |
| | If visit is outside India, whether permission has been obtained from NUEPA? If yes, submit complete Proforma with all required documents. | | |
| 11. | No. of such request during the calendar year (Domestic Travel/Conference) | | |

| 12. | No. of such requests in your service at NUEPA (If International Conference/Seminar) | | |
|-----|---|---|--|
| 13. | Academic Leave availed during the year | | |
| 14. | Financial Assistance Required (YES/NO)If YES, please furnish the details. (Attach separate sheet)If NO, who is meeting the costs? | : | |

Date: _____

Signature of Applicant

| (Recommending Authority Signature) (Head of the Department) Remarks, if any, | (Sanctioning Authority Signature) |
|---|-----------------------------------|
| Name: | Name: |
| Designation: | Designation: Vice-Chancellor |
| Date: | Date: |