



AKAL UNIVERSITY TALWANDI SABO

Leave Application for Research Scholars

Biometric ID: _____

Name of the PhD Scholar: _____ AUID: _____

Department: _____ Number of Days of Leave: _____

Period of Leave: From (Date) _____ To (Date) : _____

Category of Leave (with fellowship/without fellowship/Academic Leave) _____

Reason in Brief: _____

Address and Contact number during leave period: _____

Date of submission: _____

Signature of Applicant
Incharge/Head

Signature of Supervisor

Signature of Department

Consent of the other faculty members/scholars to take classes during the leave period.

Date	Time	Class	Paper	Signature(s)

(For Office Use only)

Office Report

Total Leaves allowed: _____ Number of leaves already availed: _____ Previous Balance: _____

Status of current leave: With fellowship: _____ Without fellowship _____

Academic leave: _____ Current Balance (With fellowship): _____

Signature of Dealing Official

Approval of the Sanctioning Authority (Approved/Not Approved)

(Signature with date)