



राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय
NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

FORM - 1B(a)

LEAVE APPLICATION

(Personal Leaves)

1. Name of the applicant		Post Grad.	Doctorate		
2. Programme / Dept. / Semester					
3. Nature & Period of Leave (Personal Leaves)	Nature	From	To	No. of Days	
4. Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days	
	Suffix	From	To :	No. of Days	
5. Reasons for leave					
6. Whether Station Leave permission required or not	Yes, From:	To:	NO		
7. Address while on leave					
	Contact Phone No. (if any):	Pin:			
8. Arrangement for classes (if applicable)	<ul style="list-style-type: none">• Certified that I have made arrangements for my classes to be taken during my absence.• I have attached a copy of the class arrangement approved by HOD.			Not Applicable	

Date_____

Signature of the Applicant
Roll no:_____

Balance Leave as on date:_____ No of Days:_____
(to be verified by JA ,Academic Sec before approval.)

Signature of JA:
Date:_____

Remarks and / or recommendations by Supervisor/Faculty Advisor:

Signature of Supervisor/Faculty Advisor

Approved / not Approved

Signature of HoD