



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
रुपनगर, पंजाब-140001/ Rupnagar, Punjab-140001

**व्यक्तिगत आधार पर भारत के बाहर यात्रा के लिए छुट्टी या छुट्टी के विस्तार के लिए आवेदन /
Application for Leave or Extension of Leave for Ex-India visit on personal ground**

1.	आवेदक का नाम/ Name of the applicant														
2.	पद धारित / Post held														
3.	विभाग/कार्यालय/अनुभाग/Department./Office/Section														
4.	आवेदित छुट्टी का प्रकार/ Nature of Leave applied for														
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">से / From:</td> <td style="width: 25%;">तक/To:</td> <td style="width: 70%;">दिनों की संख्या/No. of days</td> </tr> <tr> <td>के पूर्व Prefix</td> <td>से/From:</td> <td>तक/To:</td> <td>दिनों की संख्या/No. of days:</td> </tr> <tr> <td>के पश्चात Suffix</td> <td>से/From:</td> <td>तक/To:</td> <td>दिनों की संख्या/No. of days:</td> </tr> </table>			से / From:	तक/To:	दिनों की संख्या/No. of days	के पूर्व Prefix	से/From:	तक/To:	दिनों की संख्या/No. of days:	के पश्चात Suffix	से/From:	तक/To:	दिनों की संख्या/No. of days:	
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7.	उद्देश्य / Purpose of the visit														
8.	कक्षांश्, प्रशासनिक जिम्मेदारी आदि (यदि कोई हो तो) के लिए वैकल्पिक व्यवस्था / Alternative arrangements for classes, administrative responsibilities, etc. (if any)														
9.	मैं फॉर्म के साथ निम्नलिखित आवश्यक दस्तावेज संलग्न कर रहा/हूँ। I am attaching the following necessary documents alongwith the form: (i) Application addressed to the Director : Yes / No (ii) Undertaking / agreement (Form 1 & Form 2) : Yes / No														
10.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">छुट्टी के दौरान का पता / Address during the leave</td> <td style="width: 25%;">पिन/PIN:</td> </tr> <tr> <td></td> <td>संपर्क नं./ Contact No.</td> </tr> </table>			छुट्टी के दौरान का पता / Address during the leave	पिन/PIN:		संपर्क नं./ Contact No.								
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आवेदक के हस्ताक्षर दिनांक सहित/ Signature of the applicant with date

नियंत्रक अधिकारी की टिप्पणी एवं सिफारिश/ Remarks and Recommendations of the controlling officer

सिफारिश की गई/सिफारिश नहीं की गई
Recommended/not recommended

विभागाध्यक्ष एवं अनुभाग प्रभारी के हस्ताक्षर दिनांक सहित
Signature with date Head of Department/Section In-charge

प्रशासनिक अनुभाग द्वारा प्रयोग हेतु / For use by the Administration Section

प्रमाणित किया जाता है कि _____ से _____ की _____ (अवधि) के लिए _____ (छुट्टी का प्रकार) निम्न दिए गए विवरण के अनुसार स्वीकार की जाती है। Certified that _____ (nature of leave) for _____ period, from _____ To _____ is available as per following details:

आवेदित छुट्टी का प्रकार / Nature of leave applied for	आज की तिथि तक शेष / Balance as on date	कुल दिनों के लिए आवेदन / Leave applied for (No. of days)

संबंधित सहायक/Dealing Assistant

कनिष्ठ अधीक्षक

Jr. Supdt.

अधीक्षक/सहायक/कुलसचिव/उपकुलसचिव /Supdt./AR/DR

कुलसचिव/अधिकारी (संकाय मामले एवं प्रशासन) के हस्ताक्षर

Signature of Registrar / Dean (Faculty Affairs & Administration)

छुट्टी प्रदान करने के लिए सक्षम प्राधिकारी की टिप्पणी : स्वीकृत / अस्वीकृत

Comments of the competent authority to grant leave: Sanctioned / Not Sanctioned

निदेशक / Director

The Director
Indian Institute of Technology
Ropar

Subject: Application for Leave Ex-India for Private Visit.

Sir,

I wish to proceed abroad to (Country) for the following purpose:-

I request that I may kindly be granted leave of the due / leave without pay Ex-India for days from to I am holding a valid passport for visit to the aforesaid country / countries.

During my stay in the above country / countries, my address will be as under:-

I hereby undertake that:-

1. I shall return to duty on expiry of the aforesaid leave and shall not extend leave.
2. I shall intimate change in my above address, if any.
3. I shall not undertake any employment abroad during the period of my leave / stay / abroad.
4. I shall not leave the station / country unless the sanction has been communicated to me.
5. I am submitting an undertaking on the prescribed form as per rules duly signed.

Yours faithfully,

Signature_____

Name_____

Designation_____

Department_____

Dated: _____

Recommendations of the Head of the Department

UNDERTAKING

I, _____(Name), _____(Designation) is proceeding on Ex-India Leave (EL) to _____ (Country) for _____ days from _____ to _____.

I hereby certify that no Institute dues are outstanding against me. Further I undertake that if I did not return back on the due date i.e. _____, any dues of the Institute found later on, the same may be recovered from my payable balances available with the Institute.

Date: _____

Signature _____

Name: _____

Employee Code: _____

Department: _____

Witness

Signature_____

Name_____

E. Code No._____

Department_____

UNDERTAKING/ AGREEMETNT FROM A MEMBER OF STAFF OF IIT ROPAR PROCEEDING ON LEAVE EX-INDIA

Whereas, I _____ employed as Designation _____ in the _____ on Indian Institute of Technology, Ropar have applied for leave Ex-India for the period from _____ to _____ for private work.

And whereas Indian Institute of Technology, Ropar have agreed to grant me leave Ex-India Leave of the kind due for period from _____ to _____ on the condition that no extension of the said leave shall be allowed but the Institute may in special circumstances, on my request, extend the leave for such period as it may deem fit and if I fail to return to duty at the Institute on the expire of the aforesaid leave of such extended period of leave as the Institute may be pleased to extend. I shall be deemed to have resigned from my post at the Institute with effect from the day immediately next to the date of on which the said leave expires.

Now, therefore, I hereby declare and agree that the grant of leave on the condition mentioned above is acceptable to me and I hereby undertake and agree to abide by the same and that in the event of my failure to return to the Institute on the expire of the above said leave or the extended period of leave. I shall be deemed to have resigned from the Institute post and my relation with the Institute as employee and employer shall cease immediately.

Signature _____

Name _____

Department _____

Designation _____

Signed in the presence of:

Signature _____

Signature _____

Name _____

Name _____

Designation _____

Designation _____

Date _____

Date _____