



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM - 23

APPLICATION FOR SHORT / LONG / SABBATICAL LEAVE

1.	Name of the applicant : Dr. / Mr. / Ms.		
2.	Designation	Department	
3.	Nature of Leave applied for (Short/Long/Sabbatical/Deemed Sabbatical Leave). Also specify, whether with or without pay.		
4.	Duration of leave (in case of Short Leave it should not be more than one semester plus prefixing and/or suffixing vacation/in case of Long Leave it should not be more than 2 years/in case of Sabbatical Leave, it should not be more than 1 year.	From	
		To	
		No. of Days	
5.	Date of joining the Institute		
6.	Date of return from the previous Short/Long/Sabbatical Leave, if any		
7.	The retirement scheme the applicant has opted at this Institute		
8.	In case leave is granted without pay, arrangements for the payment of the following contributions are to be made. Please state the arrangements as to who will pay the following contributions:		
	Leave Salary Contributions (foreign service employer / self / no payment & no leave credit)		
	Employee's own contribution to PF/CPF (foreign service employee / self)		
	Pension Contribution / Institute CPF Contribution (foreign service employer / self)		
9.	Ph.D. / M. Tech. student, who are under the guidance of the applicant and the arrangement made or proposed to be made for discharge of academic liabilities, thereof during the proposed period of Leave.	Please enclose the same as per Annexure – I attached herewith.	
10.	Sponsored / consultancy projects of which the applicant is a Project Investigator / Co-investigator and the arrangement made or proposed to be made for continuance of the projects during the proposed period of Leave.	Please enclose the same as per Annexure – II attached herewith.	
11.	Administrative responsibility the applicant is discharging like holding the post of Dean/HOD/HOC etc. or Chairman/ Convenor/ Member etc. of a Committee, Sub-Committee etc. and the arrangement made or proposed to be made for discharging the above duties during the proposed period of Leave.	Please enclose the same as per Annexure – III attached herewith.	
12.	Is the applicant in receipt of any award of Fellowship / Scholarship for which this Leave is applied for? If yes, please state: (a) name the Fellowship / Scholarship (b) is it approved by the Govt. of India (c) is it a part of MOU entered into by the Institute (d) any other information		
13.	Specify for which category of objectives below, the applicant wishes to avail Sabbatical Leave (applicable for Sabbatical Leave only): a) To conduct research or advanced studies in India or abroad; b) To write text books, standard works and other literature; c) To visit or work in industrial concerns and technical departments of Government to gain practical experience in their respective fields; d) To visit or work in a University, Industry or Government Research Laboratories in India and abroad; and e) Fellowship / Scholarship f) Any other purpose for academic development of the staff members. Please specify. (Please be informed that such objectives are subject to approval of Board of Governors)		

14.	In case the requested leave is not granted, is the applicant willing to take any other admissible leave and / or leave without pay.	
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I, the applicant do hereby undertake that in the event of my resignation, voluntary retirement, dismissal or removal from service or in the event of termination of my service, I shall refund the leave salary drawn for the period of Short / Long / Sabbatical Leave, if any, which would not have been admissible. I also undertake to abide by the decision of the Competent Authority in respect of the Short / Long / Sabbatical Leave.

Date : _____

Signature of the Applicant

Emp_No.: _____

Remarks and / or recommendation of HOD, Dept. of:

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Date : _____

Signature of the HOD

FOR OFFICE USE ONLY

1.	Name of the applicant		
2.	Designation / Dept.		
3.	Date of joining the Institute		
4.	Date of joining the Present Post		
5.	Nature of Leave requested for		
6.	Period of Leave requested for		
7.	Purpose of the Leave		
8.	Length of the period of service from		
	(a) the date of Joining the Institute		
	(b) from the date of completion of the last Short /Long/Sabbatical Leave to the date of commencement of the requested leave by the applicant		
9.	Whether the applicant is eligible for Short/Long/Sabbatical Leave with/ without pay		
10.	Name of the Faculty from the same Dept., who is/are already on Short/Long/Sabbatical Leave or has applied for such Leave, stating period and the total no. of faculty in the same Dept.		
11.	Balance of Leave as on	Earned Leave	
		Vacation Leave	
		Half Pay Leave	
12.	Remark & Recommendations		

ITEM NO. 9 OF THE APPLICATION FORM FOR SHORT / LONG / SABBATICAL LEAVE

Sl. No.	Name and Registration No. of the M.Tech./Ph.D. Student under supervision of the applicant	Whether M.Tech. or Ph.D.	Whether Supervisor or Co-Supervisor (if any)	Present Status

Arrangement made or proposed to be made for discharge of the above academic liability:

Signature of the faculty (if any), referred above agreeing to above arrangements:

(a) _____ (Name: _____)

(b) _____ (Name: _____)

Signature of the Applicant

Name: _____

Designation: _____

Remarks and / or recommendation of HOD, Dept. of:

Date : _____

Signature of the HOD

Remarks and / or recommendation of the Dean, Academic Affairs:

Date : _____

Signature of the Dean, Academic Affairs

ITEM NO. 10 OF THE APPLICATION FORM FOR SHORT / LONG / SABBATICAL LEAVE

Sl. No.	Title of the Project(s)	Sponsored by	Whether Chief Investigator or Co-Investigator (if any)	Present Status

Arrangement made or proposed to be made for discharge of the above project liability:

Signature of the faculty (if any) referred above agreeing to above arrangements:

(c) _____ (Name: _____)

(d) _____ (Name: _____)

Signature of the Applicant

Name: _____

Designation: _____

Remarks and / or recommendation of HOD, Dept. of

Date : _____

Signature of the HOD

Remarks and / or recommendation of the Dean, R&D:

Date : _____

Signature of the Dean, R&D

(To be attached with the application form)

ITEM NO. 11 OF THE APPLICATION FORM FOR SHORT / LONG / SABBATICAL LEAVE

Sl. No.	Name and Nature of the Administrative responsibility

Arrangement made or proposed to be made for discharge of the above administrative liability:

Signature of the faculty (if any) referred above agreeing to above arrangements:

(e) _____ (Name: _____)

(f) _____ (Name: _____)

Signature of the Applicant

Name: _____

Designation: _____

Remarks and / or recommendation of the concerned Authority:

Date : _____

Signature of the Concerned Authority