

(An Institute of National Importance under Ministry of HRD, Govt of India) Chumukedima, Dimapur Nagaland-797 103

1.	Name of the Staf	f:	2.	Employee ID:
3.	Designation	:		
4.	Department	:		

- 5. Reason for Leave:_____
- 6. Details of Leave:

Date for which leave applied for	No. of Day

- 7. Address & Contact No. during the period of leave:
- 8. Reason for not obtaining prior permission: (In case of late submission of application)

Signature of applicant with date

(For Office Use Only)

1. No. of leaves already availed	2. Leave applied for	3. Balance as on Date

Dealing Assistant (Dept.)/(Estt.)/Superintendent

Head of the Department (HOD)/ Reporting Officer

Director/Registrar