



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
(An Institute of National Importance under Ministry of HRD, Govt of India)
Chumukedima, Dimapur
Nagaland-797 103

FORM - 2

APPLICATION FOR EARNED LEAVE (EL)/HALF PAY LEAVE(HPL)

1. Name of applicant : _____
2. Present post held : _____
3. Department : _____
4. Present Pay : _____
5. Number of days applied for: _____, Date of Leave: _____
6. Sunday and holidays, if any proposed to be Prefix/ Suffix to leave _____
7. Purpose for which leave is required: _____
8. Date of return from last leave: _____
9. I proposed /do not proposed to avail myself of leave travel concession for the Block Year: _____
10. Address during leave period/ Contact Number: _____

_____ Contact No.: _____

Signature of applicant: _____

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 (Admin)

Head of the Department/ Reporting Officer

Director /Registrar