

APPLICATION FORM FOR STUDY LEAVE

PART-I

1. Name of the Applicant (in full)

2. Details of Employment/Promotion in Jamia Millia Islamia:

| Designation | Date of Appointment/ Promotion | Scale of pay and Basic pay | Whether confirmed or not? If yes, mention date from which confirmed |
|-------------|-----------------------------------|-------------------------------|--|
| | | | |

3. Educational Qualifications:

| Examination passed | Year | Board/ University | Division | Subject |
|-----------------------|------|----------------------|----------|---------|
| | | | | |

4. (a) Married/Unmarried : Yes/No.
(b) No. of dependants: Relationship No. of dependents
No. of dependents
(as defined in the
relevant rules)

5. Period for which the Study Leave is required (with dates):

6. Purpose for which Study Leave is required

7. University /Institution to be joined:

(a) Name:

(b) State:

(c) Country:

(d) Contact address and telephone number during the leave period:

Postal address.
.....

(ii) E-Mail:

(iii) Telephone Number (.....) (.....)
STD Code

Fax: (.....) (.....)

8. Copies of documents showing admission obtained or promised (to be enclosed in original)
9. (a) The nature and amount of scholarship, fellowship, other financial aid, etc. including: travel grants, if any, obtained or promised by any other agency. Give all details and enclose documents in original.
- (b) If any scholarship, fellowship, financial assistance etc. has been sought or obtained direct from a foreign Mission/Foundation/Government or Organisation, state whether the approval of the Government of India is obtained. If so, attach documents in original.
10. Whether Study Leave was granted previously. If so, give details:

| Period with dates | Course of Study | Whether the course of study was successfully completed |
|-------------------|-----------------|--|
| | | |

11. Whether any extra-Ordinary Leave was granted previously for any assignment in or outside India. If so, give details:
12. State how the proposed: training/study has a direct/close connection with the sphere of the duties of the applicant.
13. Any other information which the applicant may like to furnish :

I have carefully read the Study Leave Rules for the Non-Teaching Staff, understood their implications and agree to abide by them as well as the conditions of the Bond.

Date: _____

Signature of the Applicant

PART-II

TO BE FILLED IN BY THE DEAN OF THE FACULTY/ HEAD OF THE DEPARTMENT/ DIRECTOR OF THE CENTRE/ HEAD OF THE OFFICE

| Name of the Faculty/Deptt /Centre | Name of other employees already on Study Leave/ Extra-Ordinary Leave for purposes of Study/ training etc. or on long Earned Leave | | | | Arrangements made during the absence of the employee if leave is granted | Remarks |
|-----------------------------------|---|---------------|-------------------|---------|--|---------|
| | Name of Empl-oyee | Kind of Leave | Period with dates | Purpose | | |
| | | | | | | |

RECOMMENDATIONS/ REMARKS

To

Signature:

Registrar

Date:

PART-III

Recommendations of the Study Leave Committee