



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

Autonomous institution under MHRD, Govt. of India

&

Department of Information Technology & Electronics, Govt. of West Bengal

WEBEL IT Park, Block-B, Kalyani -741235,

West Bengal, Tel : 033 2582 2240, website : iitkalyani.ac.in

APPLICATION FOR LEAVE

Date.....

To
The Director/Registrar
Indian Institute of Information Technology Kalyani
P.O. Kalyani, Dist. Nadia-741235,
West Bengal.

Sir,

I shall feel much obliged if you kindly grant me Earned Leave/ Leave on Medical Certificate (Commutated)/ Compensatory Leave/ Vacation Leave/ On-duty Leave for _____ days from _____ to _____ .

The requisite particulars in this connection are furnished below:

1. Name :
2. I. D. No. :
3. Post held :
4. Ground on which leave is applied for :
5. Arrangement for classes :
6. Contact address during leave :

(Signature of the applicant)

- N.B. 1) The above portion is to be filled in by the applicant. Strike out whichever is not applicable)
- 2) Leave applied for medical ground should be supported by Medical Certificate duly signed by Registered Medical Practitioner.

Order of the Sanctioning Authority

Director/Registrar
Date