

.....संघटक संस्थान (Constituent Institution)  
उत्तराखण्ड तकनीकी विश्वविद्यालय, देहरादून  
Uttarakhand Technical University, Dehradun

For Director

Date: .....

1. Name & Designation :

2. Type of Leave (Please tick the appropriate box/boxes)

Casual  
Leave

On  
Duty  
Leave

Earned  
Leave

Medical  
Leave

Vacation  
Leave

3. Proceeding out of Station: Yes

No

4. Period of Leave : From.....To..... Total No. of Days.....

5. Purpose.....

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6. Arrangement of Teaching Commitment/other duties

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7. Address and Phone number if going out

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Signature of Director with Date

**ENDORSEMENT BY DIRECTOR**

Recommended.....leave for.....days.....

Approved

Vice Chancellor