APPLICATION FORM FOR STUDY LEAVE

01. Name of the Applicant:

02. Place and Date of Birth:

03. Present Address: .....

04. Permanent Address: .....

05. E-mail Address:

06. a) Present Position :

b) Type of Post: i) Temporary ☐ ii) Permanent ☐

07. Department:

08. Institution at which higher study to be carried out:

a) Department: Session:

b) Address:

c) Country:

09. Degree sought

a) Post Doctoral Fellowship ☐

b) M.S., M. Phil ☐

c) Ph.D. ☐

d) Post Graduate diploma ☐

e) Other (Please specify) .....

10. Date from which study leave is sought:

11. Finance for higher studies

a) Fellowship ☐ b) Scholarship ☐ c) Research assistantship ☐

d) Self finance ☐ e) Other (Please specify) .....

12. Documents enclosed: (Attested by the Head of the Department if not original)

a) Offer of admission

b) Letter of Scholarship award

c) Other Please specify .....

13. Signature of the applicant:

Date:

14. Recommended and forwarded by the Head of the Department

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