



LEAVE APPLICATION FORM

(For Faculty Members only)

PART – I

1. Name: _____ 2. S/O, D/O, W/O: _____
3. Designation/Appointment: _____ 4. Institution/Directorate: _____
5. Date of joining: _____ 6. Type of leave applied: CL/EL/EOL/EPL/SL/Special/Maternity
Please ✓ on the appropriate type of leave
7. Purpose of leave: _____
8. Leave Duration: From _____ to _____ (Total days: _____)
9. Leave already availed (during the year): _____ 10. Balance Leave: _____
11. Contact details of Next of Kin: _____
12. Leave Address (with Tel/fax/e-mail etc): _____

13. In case of leave ex-Pakistan, provide the following details:-

- a. Passport No. _____ b. Date of Issue _____ c. Valid up to: _____
- d. Whether proceeding abroad with family: (Yes/No) if Yes, give details:-

Name	Relationship	Age	Passport No	Valid up to

- e. Whether 'No Objection Certificate' (NOC) is required or not: Yes No [Attach copy of passport, if Yes]
- f. Prior security clearance be sought and certificate to this affect be attached (where applicable).

14. Whether availing NUST accommodation: (Yes / No). If Yes, mark: Single Married

15. Whether signed a bond with the NUST (in case of study leave) Yes No

16. As per the agreed upon terms, "I shall treat NUST as my parent University in all my Academic/Research findings and will keep NUST well informed regarding my academic pursuit on regular basis" (if applicable)

17. Whether individual is Principal Investigator (PI) of a project? Yes* No
(*If yes, attach certificate vide Research Dte letter 0986/01/Research/NUST, dated 28 May, 2014)

18. Leave already availed by the faculty member: _____ (days), attach details separately.

Date: _____

Signature of Applicant

PART – II

19. **HoD Remarks.**

- a. Details of replacement of faculty regarding teaching/research/supervision load during his absence:

- b. Number of faculty members already on leave ex-Pakistan (sabbatical, extraordinary leave etc) in the institution:

20. Remarks, if any _____

Recommendation by HoD

Recommended

Not Recommended

Signature/Stamp of Head of Deptt of Institution
Or DD/ Equivalent of concerned Dte

PART- III

Recommended

Not Recommended

21. Remarks, if any _____

Signature of Commandant/Dean/Principal/Director

Date: _____

PART – IV

Sanctioned

Not Sanctioned

Remarks, if any _____

Signature of the Sanctioning Authority

Date: _____

NOTE: Application should reach at least two weeks prior to commencement of leave.