**LEAVE APPLICATION FORM**

**PART – I**

1. Name: 2. Father/Husband Name:

3. Designation/Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Institution/Directorate: \_\_ 5. Date of joining:

6. Type of leave applied:

*(Please✓ on the appropriate type of leave)*

CL/EL/EOL/EPL/SL/Special/Maternity

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 (abroad), provide the following details:-

a. Passport No. \_\_ b. Date/Place of Issue c. Valid up to:

d. Whether proceeding abroad with family: (**Yes/No**) If Yes, give details:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ser** | **Name** | **Relationship** | **Age** | **Passport No** | **Valid up to** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

e. Whether ‘No Objection Certificate’ (NOC) is required or not:

***[If Yes, Attach copy of passport]*** *appropriate type of leave*

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

f. Prior security clearance be sought and certificate to this affect be attached (where applicable).

|  |  |  |
| --- | --- | --- |
| Single |  | Married |

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

Married

Married

Married

Married

Married

Single

Single

Single

Single

15. Whether signed a bond with the NUST (in case of study leave)

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 the leave request is for 120 days or more.

@complete the details attached at **Annex-A**

18. No. of students (MS/MPhil/PhD) under supervision since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. I confirm no involvement in GEC of MS/PhD defense during leave

(\*If yes, attach certificate vide Research Dte letter 0986/01/Research/NUST, dated 28 May, 2014)

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant**

**PART – II**

**(For Faculty Only**)

20. **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:

|  |
| --- |
|  |

21. Remarks, if any \_\_\_\_

\_\_\_

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Recommendation by HoD** | | |
| **Recommended** |  | **Not Recommended** |

Name/Signature/Stamp of Head of Deptt of Institution

**Or** DD/ Equivalent of concerned Dte

**PART- III**

**(For Faculty Only**)

|  |  |  |
| --- | --- | --- |
| **Recommended** |  | **Not Recommended** |

22. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will supervise \_\_\_\_\_\_\_\_\_ MS/MPhil and \_\_\_\_\_\_\_\_\_\_ PhD students in the absence of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ proceeding on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Remarks, if any

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of Commandant/Principal/Dean/HoD/Director

Date:

**PART – IV**

|  |  |  |
| --- | --- | --- |
| **Sanctioned** |  | **Not Sanctioned** |

24. Remarks, if any

\_\_\_\_

Name & Signature of the Sanctioning Authority

Date:

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

**Annex – A**

To Faculty Leave Application Form

**Details of Research Activities of Principal Investigator (PI) of Project(s)**

**(For Faculty Members only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr #** | **Project Title and**  **Funding agency** | **Start Date** | **Completion Date** | **(Submission Date)** | |
| **1st Annual Report** | **2nd Annual Report** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**Please also provide following information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * For leave exceeding **120** days, correspondence nominating new PI from funding agency has been attached. **Yes No** * Has your NRP profile been updated with all outputs (projects, publications, patents, etc.) with and without affiliation of NUST? **Yes No** * Indicate most recent travel grants (from MoST/HEC/PSF/Project) ?  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Sr #** | **Project Title and**  **Funding agency** | **Start Date** | **Completion Date** | **(Submission Date)** | | | **1st Annual Report** | **2nd Annual Report** | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | | 3. |  |  |  |  |  |  * Whether “Travel Grant Reimbursement Claim Form” (if applicable) along with all receipts & boarding passes (in-original) have been submitted to Research Dte. **Yes No** * Indicate if all outstanding queries on IP & licensing procedures have been addressed.   **Yes No**   |  |  |  | | --- | --- | --- | | Name of PI:  Designation: |  | Countersigned by  Commandant/Principal  Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |