

KERALA UNIVERSITY OF FISHERIES & OCEAN STUDIES

കേരള ഫിഷറീസ് - സമുദ്രപഠന സർവ്വകലാശാല

PANANGAD P.O., KOCHI 682 506, KERALA, INDIA

Application for Special Casual Leave

Name of Teacher :
(In Block Letters)

Designation & Department / :
Division

Day(s) and date(s) for which the special :
casual leave is applied for

Purpose for which special casual leave is :
applied for (Also state clearly whether it is for
academic / examination or consultancy
purpose

Number of days of special casual leave : Academic/Exam :
already availed of during the year Consultancy :
Total :

Arrangement of work during the period of :
special casual leave

Dated Signature of Teacher :

To be filled in by Head of the Department

Specific ground under which the leave is :
recommended (Also state whether the purpose
is for Academic or consultancy purpose)

Specific remarks of the Head of the :
Department / Division(s)

Order of the Sanctioning Authority

Signature of the
Head of Dept.

VICE CHANCELLOR

Date: