

**FORM**  
**(See Ordinances OE – 7)**  
**APPLICATION FOR LEAVE EXTENSION OF LEAVE**  
**(Faculty Member)**

1. Name (in block letters) : \_\_\_\_\_
2. Post held : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Present pay & scale of pay : \_\_\_\_\_
5. House Rent & other allowances drawn : \_\_\_\_\_
6. Nature & period of leave applied for : \_\_\_\_\_
7. Sunday & holidays, if any, to be suffixed/prefixed : \_\_\_\_\_
8. Ground on which leave is applied for : \_\_\_\_\_
9. Date of return from leave & the nature & period of leave : \_\_\_\_\_
10. Whether proposed to avail of LTD for the block year. : \_\_\_\_\_
11. Address during the period of leave : \_\_\_\_\_  
\_\_\_\_\_

(Signature of applicant)  
with date

12. **REMARKS/RECOMMENDATION OF THE HEAD OF DEPARTMENT :**
  - (a) No. of faculty member in the Deptt. \_\_\_\_\_
  - (b) No. of faculty members to be present during the period of leave, in case leave is granted  
\_\_\_\_\_
  - (c) Whether teaching in the class/conducting Examination/other works in the Deptt. will be manageable during his/her leave period
  - (d) Leave for \_\_\_\_\_ days is \_\_\_\_\_ recommended /not recommended.

Dated :

Signature of the Head of Deptt.

**CERTIFIED REGARDING ADMISSIBILITY OF LEAVE**

13. Certified that \_\_\_\_\_ (Nature of Leave ) for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ is admissible under Ordinance OE 6A.1 governing leave to teachers of the University.

Signature (with date)  
Designation

14. Order of the Vice-Chancellor, Mizoram University, Aizawl.

Signature (with date)