



**TRAINING PROGRAMME/CONFERENCE/VACATION/
NO PAY LEAVE (SPECIAL) APPLICATION FORM
FOR ACADEMIC STAFF**

1.0 Personal Information

1.1	Name					
1.2	Designation					
1.3	Department					
1.4	Faculty					
1.5	Date of first appointment	Day	Month	Year	1.7	No. of years of service
1.6	Date of Birth	Day	Month	Year	1.8	Age (Years)

2.0 Information on the Award/Fellowship/Scholarship/Training Program

2.1	Title of the Award (Scholarship/Fellowship/Training program etc.)					
2.2	Donor Agency					
2.3	Source of Funds (Please tick only one box)	Through ERD	From Project	Donor Direct	Self Financed	GOSL
2.4	If source of funds is from a Project please indicate the name of the project					
2.5	Country and place of training					
2.6	Field of Study					
2.7	Procedure adopted for selection					
2.8	Date of commencement of leave					
2.9	Date of completion of leave					

3.0 Type of leave applied (Please tick boxes)

- 3.1 Training Program Leave
- 3.2 Conference Leave
- 3.3 Vacation Leave
- 3.4 No pay (special leave)
- 3.5 Other (Please specify)

Please note that according to current guidelines no leave will be permitted beyond the period stipulated

4.0 Details of leave taken during this Academic year with dates (i. 30 days for conferences/workshops/seminars ii. 30 days for training programs provided total leave period does not exceed 45 days as per UGC Circular 710 except vacation leave)

Type of leave	From	To	Total period		Country/Institution/ Conference/Workshop
			Paid leave	No pay leave	

5.0 Arrangements to cover the work during leave period

Responsibility	Person undertaking to cover the responsibility		Signature of the Head of the Department
	Name	Signature	
5.1 Lectures/ Tutorials/ 5.1 Examinations			
5.2 University Research Grants			
5.3 Other Research Grants			
5.4 Undergraduate/ Postgraduate Projects			

6.0 Nominee Applicants Declaration

I undersigned certify that the details provided in this form are accurate.

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6.1 Date Month Year **6.2** Signature of the applicant

7.0	Recommendation of the Head of the Department (Please tick a box)		
	Recommended		Not recommended
If not recommended please give reasons			

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7.1 Date Month Year **7.2** Signature of the Head of the Department

8.0	Recommendation of the Dean of the Faculty (Please tick a box)		
	Recommended	<input type="checkbox"/>	Not recommended
If not recommended please give reasons			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8.1 Date Month Year **8.2** Signature of the Dean

9.0	Verification by the Academic Establishment Branch	
	Information provided above is verified correct according to personal file	Name of the Subject Clerk: Signature: Date:
Observations of SAR/AE:		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9.1 Date Month Year **9.2** Signature of the SAR/AE

10.0	Recommendation of the Vice Chancellor (Please tick a box)		
	Recommended	<input type="checkbox"/>	Not recommended
If not recommended please give reasons			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10.1 Date Month Year **10.2** Signature of the Vice Chancellor

11.0 Approval to proceed on scholarship/Fellowship/Seminar/Training Program etc.

11.1	To Director General External Resources (Please tick a box)		
	This nomination/Application has been approved by the Hon. Minister/Governor	<input type="checkbox"/>	This nomination/Application has not been approved by the Hon. Minister/Governor

If not recommended please give reasons

11.2 Date Month Year

11.3 Signature and Stamp of the Secretary/
Chief Secretary/Ministry/Provincial
Council

Ref. No. of GRD:

12.0 To the Head of Institution/Department

Signature of Authorized Officer and Stamp of the Department of External Resources
for Secretary, Ministry of Finance and Planning.

12.1 Date Month Year

12.2 Signature and Stamp of the Secretary/
Chief Secretary/ Ministry/ Provincial
Council