

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	Day	Month	Year	1.7	No. of years of service
	appointment						
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				1	
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**)



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	From	То	Total per		Country/Institution/
leave			Paid	No pay leave	Conference/Workshop
			leave	icuito	

5.0 Arrangements to cover the work during leave period

Resp	oonsibility	Person undertaki responsi	Signature of the Head of the	
		Name	Signature	Department
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.

6.1 Date Month

Year

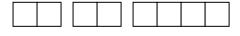
6.2 Signature of the applicant

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



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

8.0	Recommendation of the Dean of the Faculty (Please tick a box)			
	Recommended Not recommended			
If not reco	mmended please give reason	15		



8.1 Date Month Year **8.2** Signature of the Dean

9.0	Verification by the Academic Establishment Branch				
	Information provided above				
	verified correct according	to	Signature:		
	personal file		Date:		
Observatio	ons of SAR/AE:				

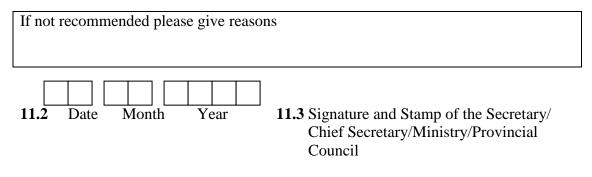
Date 9.2 Signature of the SAR/AE 9.1 Month Year

10.0	Recommendation of the Vice Chancellor (Please tick a box)				
	Recommended Not recommended				
If not reco	commended please give reasons				
10.1 Da	te Month Year 10	0.2 Signature of the Vice Chancellor			

10.2 Signature of the Vice Chancellor Year

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

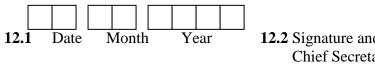
11.1	To Director General External Resources				
	(Please tick a box)				
	This nomination/Application	This nomination/Application			
	has been approved by the	has not been approved by the			
	Hon. Minister/Governor	Hon. Minister/Governor			



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.



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