

# INDIAN INSTITUTE OF TECHNOLOGY INDORE

## LEAVE APPLICATION FORM FOR FOREIGN VISIT OF FACULTY & STAFF

1. Name of the Employee : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Date of leave : From \_\_\_\_\_ To \_\_\_\_\_ No. of Days  
\_\_\_\_\_
5. Prefix/Suffix/Holidays if any : Prefix \_\_\_\_\_ Suffix \_\_\_\_\_
6. Name of the country visiting : \_\_\_\_\_
7. Purpose of visit : \_\_\_\_\_
8. Address while on leave with contact number : \_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Applicant's Signature: \_\_\_\_\_

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Recommended / Not Recommended Reason if, not recommended \_\_\_\_\_

Name & Designation of Recommending (Sectional Head) Authority: \_\_\_\_\_

Date : \_\_\_\_ \_\_\_\_ \_\_\_\_

**FOR APPROVING AUTHORITY ONLY**

Approved  Not Approved  Reason, if not approved \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Signature of the Director \_\_\_\_\_

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Note: - Kindly send to Administration Section after signature of Director for record purpose.