

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: _____

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 DOFA / Director _____

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