



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

**1.0 Personal Information**

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

**2.0 Information on the Award/Fellowship/Scholarship/Training Programme**

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

**3.0 Type of leave applied (Please tick relevant boxe(s))**

<b>3.1</b>	Training Programme Leave	<input type="checkbox"/>	<p><b>Please note that according to current guidelines no leave will be permitted beyond the period stipulated</b></p>
<b>3.2</b>	Conference Leave	<input type="checkbox"/>	
<b>3.3</b>	Vacation Leave	<input type="checkbox"/>	
<b>3.4</b>	No pay (Special Leave)	<input type="checkbox"/>	
<b>3.5</b>	Other (please specify)	<input type="checkbox"/>	

**4.0 Details of leave taken during this academic year with dates ( (1) 30 days for conferences/ workshops/ seminars (2) 30 days for training programmes 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	
<b>5.1</b> Lectures/Tutorials/ Examinations			
<b>5.2</b> University Research Grants			
<b>5.3</b> Other Research Grants			
<b>5.4</b> Undergraduate/ Postgraduate projects			

**6.0 Nominee/ Applicants Declaration**

I, the 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

<b>7.0</b>	<b>Recommendation of the Head of the Department (Please tick a box)</b>		
	Recommended	<input type="checkbox"/>	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

<b>8.0</b>	<b>Recommendation of the Dean of the Faculty (Please tick a box)</b>		
	Recommended		Not recommended
	If not recommended please give reasons		

Date	Month	Year			

**8.2** Signature of the Dean

<b>9.0</b>	<b>Verification by the Academic Establishment Branch</b>	
	Information provided above is verified correct according to personal file	Name of the Subject Clerk: Signature: Date:
	Observations of Senior Assistant Registrar/Academic Establishments	

Date	Month	Year			

**9.2** Signature of the DR/SAR/AR of Academic Establishment Branch

<b>10.0</b>	<b>Recommendation of the Vice Chancellor</b>		
	<b>(Please tick a box)</b>		
	Recommended		Not recommended
If not recommended please give reasons			

Date	Month	Year			

**10.2** Signature of the Vice Chancellor

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

<b>11.1</b>	<b>To Direct General external Resources (Please tick a box)</b>		
	This nomination/Application has been approved by the Hon. Minister/Governor		This nomination/Application has not been approved by the Hon. Minister/Governor
	If not recommended please give reasons		

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**

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 Date

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 Month

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 Year

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