

**LEAVE PROFORMA FOR RESEARCH SCHOLAR (FULL TIME) ACCORING TO PhD REGULATION (CLAUSE 8.3)**

1. Name of Research Scholar : \_\_\_\_\_  
 2. Roll No. : \_\_\_\_\_  
 3. Department : \_\_\_\_\_  
 4. Period : From \_\_\_\_\_ To \_\_\_\_\_  
 5. Purpose : \_\_\_\_\_

6. Complete Address and contact person with telephone nos., email ID etc. where the Research Scholar will be visiting (Attach the proof of the purpose): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Date of departure from the Department : \_\_\_\_\_

Note: According to PhD Regulations vide clause No.8.3, All RS shall be allowed to leave station for visiting other places preferably after of their course work or during vacation when there is no teaching work scheduled, If recommended by Supervisor(s) and HOD, and approved by Dean (Academic) **well in advance** for various purposes like Library consultation, meeting experts, presentation of Research Papers/Participation in the Conferences/Short Terms Courses/Symposiums etc. getting samples tested from other laboratories, using the lab facilities elsewhere if the same is not available at NIT Jalandhar, interaction with the External Supervisor, and any other similar purpose as recommended by his/her Supervisor(s) and HOD. For these puprposes, he/she shall be permitted for 60 days per year (30 days per semester). The leave as mentioned at clause 8.2 shall be in addition.

Signature of Research Scholar

Leaves Record of the Research Scholar to be verified by the Office Incharge/ Clerk of the concerned Department (TOTAL LEAVES APPLICABLE 60 PER YEAR @ 30 PER SEMESTER)

Odd Semester (01 <sup>st</sup> July to 31 <sup>st</sup> December -20 )		Even Semester (01 <sup>st</sup> January to 30 <sup>th</sup> June-20 )	
Month	Nos. of Leaves availed	Month	Nos. of Leaves availed
July		January	
August		February	
September		March	
October		April	
November		May	
December		June	
<b>Total Leaves availed</b>		<b>Total Leaves availed</b>	

Signature of Office Incharge/Clerk

Recommendations of the Concerned Supervisor(s) : \_\_\_\_\_  
 \_\_\_\_\_

Signature(s) of the Supervisor(s)

Signature of the HOD \_\_\_\_\_

Dean (Academic)

Chairman Senate-cum-Director

P.T.O.