



**राष्ट्रीय प्रौद्योगिकी संस्थान मिजोरम**  
**NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM**  
**CHALTLANG, AIZAWL: MIZORAM - 796012**

**APPLICATION FOR EARNED LEAVE / COMMUTED LEAVE**

**NOTE: ITEMS 1 - 10 MUST BE FILLED BY THE APPLICANT**

1	Name in Block Letters			
2	Designation			
3	Department/ Section			
4	Nature of Leave	Earned Leave / Commuted Leave on Medical Ground*		
5	Period	Total no. of days:	From _____ To _____	
6	Prefixed / Suffixed	On which date:	Total no. of days	
7	<b>Prefixed</b>	1		
		2		
		3		
		4		
7	<b>Suffixed</b>	1		
		2		
		3		
		4		
8	Grounds for applying Leave			
9	Address while on Leave			
10	Alternate Arrangement of Class /Duty/Responsibility during Leave			

**\*Medical Certificate to be enclosed**

**11.** In the event of my resignation or voluntary retirement from the service, I undertake to refund:

- (a) The difference between the leave salary drawn during commuted leave and that admissible during half pay leave.  
(b) The leave salary drawn during leave not due.  
(c) I also undertake to refund the leave salary drawn for the period of Earned Leave which would not have been admissible, had that leave not been credited in advance in the event of my resignation, voluntary retirement, dismissal or removal from service in the event of termination of my service.

**Date:**

**Signature of the Applicant**

**12.** Remarks or recommendation of the Controlling Officer

Date:

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

**FOR OFFICE USE**

Certified that the following leave is admissible to: \_\_\_\_\_

Application received on: \_\_\_\_\_

Balance of Leave	Earned Leave	Commuted Leave on Medical Certificate	Days/Half pay leave

**Superintendent**

**Deputy Registrar**

Order of Sanctioning Authority  
Date:

**Registrar / Director**