

## **DIBRUGARH UNIVERSITY**

## **LEAVE APPLICATION FORMAT** FOR RESEARCH SCHOLARS WITH FELLOWSHIP/ FULL TIME RESEARCH SCHOLARS

1.	Name of the Scholar:					
2.	Position: Research Scholar/ Project Fell Fellow:	ow/ Junior Research Fellow/ Senior Research				
3.	Name of the Supervisor:					
4.	Department/Centre:					
5.						
6.	Leave Duration: From:	To:				
7.	No. of Days:					
8.	Contact Details: Mobile:	Email:				
	Signature of the Scholar with date: _					
Forwa	rded by					
	(Signature of Supervisor)	(Signature of HoD/Chairperson)				
	(For office	use only)				
*Rema	arks/Note (if any):					
Appro	ved/ Not Approved					
		(Signature of the Dean, R&D)				



## **DIBRUGARH UNIVERSITY**

\_\_\_\_\_

## ANNUAL LEAVE REGISTER SHEET FOR THE YEAR \_\_\_\_\_

OF (Name of the Scholar)

No. of days applied	From	То	Signature of Scholar	Signature of Dean, R&D