



No. NIT/HMR/Dean (FW) Spl.C.L./2022- 2351-67

Dated 28-2-2022

To

All HODs/HOCs  
NIT Hamirpur (HP).

Subject: Regarding Special Casual Leave.

In pursuance to the approval of the Competent Authority special casual leave for faculty shall be granted up to a maximum of 15 days in a calendar year for the purpose mentioned below:

- (1) For attending official meetings in outside organizations i.e. for selections, academic planning, research management, coordinating committee meeting, invited lectures, conducting of Ph.D oral examinations/M.Tech. Dissertation.
- (2) To present a paper or to function as an office bearer of the conference etc. (office bearer of the conference includes chairman of a session, general reporter of a session, member of executive committee etc.)
- (3) To attend a conference etc. but who is neither presenting a paper nor is an office bearer of the conference etc.
- (4) For participation in any National programme at par with the Central Government decision from time to time.
- (5) A faculty member could be permitted to go outside the Institute on Special Casual Leave for four days in any one month (non-cumulative) either for Sponsored Projects or for Consultancy or for both.

Proforma for Special Casual leave is also attached herewith for circulated to all faculty member of teaching department s of NIT Hamirpur (H.P).

You are requested to forward SCL application on prescribed proforma (enclosed herewith) and copy of supporting document with recommendation to the office of undersigned well in advance.

*sket*

DEAN (F/W)  
NIT HAMIRPUR (HP)

DA/As above.

Copy to:-

1. The Director, NIT Hamirpur (HP) for kind information please.
2. Associate Dean (FA&S) for information and necessary action.
3. A.R/Stenographer SG-I for mainting record of SCL.

*sket*

DEAN (F/W)  
NIT HAMIRPUR (HP)

विशेष आकस्मिक छुट्टी हेतु आबेदन पत्र एनआईटी हमीरपुर एच0पी0  
SPECIAL CAUSAL LEAVE APPLICATION FORM, NIT Hamirpur (H.P)

नाम/Name	:	
पदनाम/ विभाग Designation/Department	:	
आवश्यक छुट्टी का स्वरूप: वि.आ.छुट्टी Nature of Leave required: SCL	:	दिनों की संख्या / No of days: _____ From _____ से / To _____
उद्देश्य/Purpose (विशेष आकस्मिक छुट्टी के लिए सक्षम प्राधिकारी द्वारा विधिवत हस्ताक्षरित आमंत्रण पत्र (मूल/स्कैन) की प्रति सलंगन करे) (Copy of the invitation letter (original / scanned)duly signed by Competent Authority enclosed in case of Special Causal Leave only)	:	_____ _____ _____
क्या स्टेशन छोड़ना आपेक्षित है Whether Station leave required	:	हां या नहीं, अगर हां तो, /Yes or No, if yes, _____ से _____ From _____ To _____
छुट्टी के दौरान पता Address during the leave	:	_____ _____ मोबाइल/Mobile No. _____

Teaching load arrangement during SCL period is attached with station leave form.

आवदेक के हस्ताक्षर दिनांक सहित/  
Signature with date of the applicant

Recommendation of HOD/ Branch Officer/  
विभागाध्यक्ष/शाखा अधिकारी की अनुशंसा

विभाग कार्यालय/ प्रशासनिक अनुभाग द्वारा प्रयोग हेतु/For use by the Department Office/Establishment Section

कैलेंडर वर्ष मे वि.आ.छुट्टी की मंजूरी: 15 दिन/SCL allowed in a calendar year: 15 days

Balance as on Date/ आज तक शेष	Leave Applied For (No. of days)/ छुट्टी के लिए आवेदन (दिन)	Balance/ शेष

संबंधित सहायक(विभाग)/(स्थापना)  
Dealing Asstt. (Deptt.)/Estt.)

छुट्टी प्रदान करने के लिए सक्षम प्राधिकारी के आदेश:  
स्वीकृत/अस्वीकृत  
Order of the competent authority to grant leave:  
Sanctioned/NOT Sanctioned

डीन (संकाय कल्याण)  
Dean (FW)

प्रतिलिपि विभागाध्यक्ष को सूचनार्थ प्रेषित है  
Copy to Concerned HOD for information

पृष्ठांकन संख्या/Endst No. \_\_\_\_\_

दिनांक/Dated: \_\_\_\_\_