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| logo | **Sriram Institute of Marine Studies**  Approved by the **DG Shipping, Ministry of Shipping, Govt. of India.** Affiliated to **Indian Maritime University Chennai, Certified ISO 9001:2015 By Indian Register of Shipping {IRS}**  **MTI Unique id : 101005** |

**This application has been implemented effective from 22.10.2022.**

**Leave request form Officers/faculty staff instructors’**

Leave effective from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Reporting : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details of applicant : E mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_

Department officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request \_\_\_\_\_\_\_\_\_\_\_\_ Date submitted to Course/departmental officer by the applicant : \_\_\_\_\_\_\_\_\_\_\_

Request for leave: From \_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_ No of days leave applied \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Leave: AL, BAL, PBAL,C/L, Med, .leave/off: \_\_\_\_\_\_{year} Reason: (please specify reason} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: House NO: \_\_\_\_\_\_\_\_\_\_ Street No \_\_\_\_\_\_ Society/Enclave/Colony:\_\_\_\_\_\_\_\_\_ {Nearest land mark} \_\_\_\_\_\_\_\_\_\_\_\_ Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Office: \_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_

I further state that self shall report on duty in time on expire of sanctioned leave and submit documentary proof in case of sick leave and casual leave. I further understand that the institute does not responsible for any injury, incident, loss of any item etc. during journey.

Name of Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_­­­­­­­­\_\_\_

I hereby state I have availed total\_\_\_\_\_\_\_\_\_\_\_ days {A/L, C/L, or part A/L, Duty offs} leave in the current year till to date. Forwarded to departmental officer for action/sanction of leave

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature of Applicant {With date} : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Remarks by Departmental officer / Spared / Can not be spared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The application forwarded to head of Institute for process:**

Name and Signature with date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendation by the Head of Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded to the Executive Director for approval/not approval.

Signature of Head of Institute with date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ED’s Remarks: Granted /Not Granted

Executive Director Signature with date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outgoing routine: {all are to sign with date please} : Date of reporting after leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAS in charge \_\_\_\_\_\_\_\_\_ Course in charge/departmental Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of reporting after leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{Submit in the office of ED through CAS in charge duly signed by the above by the applicant only}