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| Description: 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 Pre Sea Course DNS/GPR**

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

Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No : \_\_\_\_\_\_\_\_ INDoS No \_\_\_\_\_\_\_\_\_\_ Course : \_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_ Batch No {GP 1,2,3} \_\_\_\_\_\_\_\_\_\_ Course Instructor : \_\_\_\_\_\_\_\_\_\_\_\_\_Course coordinator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for \_\_\_\_\_\_\_\_ {days} leave: From \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leave (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Date of request** \_\_\_\_\_\_\_\_\_\_\_\_ Date submitted to Course Instructor : \_\_\_\_\_\_\_\_\_\_\_

Address: House:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vill/ Post \_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code \_\_\_\_\_\_\_\_ Tehsil: \_\_\_\_\_\_\_\_\_ Police station: \_\_\_\_\_\_\_\_

Nearest Land Mark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Forwarded to Course instructor:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Remarks by Course coordinator: / 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 \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_