

## राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला

#### National Institute of Technology Agartala AGARTALA - 799 046 (TRIPURA)

F.No.NITA.3(3-GEN)/2018/(Vol-II)/ 82 98-303

Dated 14 / 1/ /2019

#### CIRCULAR

As per approval of the Competent Authority Circular vide No.F.NITA.3(4-GEN)/2018/6059-64 Dated 04/09/2019 the existing Leave Format of NIT Agartala has been modified for implementation.

Therefore, all are requested to apply their leave in the revised Leave Format which is available on the Institute Website.

REGISTRAR NIT Agartala

To All Concerned.

#### Copy to:

- 1) The P. S. to the Director, NIT Agartala for kind notice of the Director.
- 2) All Deans, NIT Agartala.3) All HoDs, NIT Agartala.
- 4) All Section in Charge/Branch in Charge, NIT Agartala.
- 5) Guard File.

E) Mr. Kamal Kanti Pal, for uploading in Institute Website.

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REGISTRAR NIT Agartala



# राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला

## National Institute of Technology Agartala

Agartala, Tripura (w). PIN – 799046

Fax:0381 234-6360, Webside : http://www.nita.ac.in

अर्जित अवकाश / एचपीएल / आरएच / एससीएल / सीएल / ओडी / स्टेशन छोड़ने के लिए आवेदन APPLICATION FOR EARNED LEAVE/HPL/RH/SCL/CL/OD/STATION LEAVE ETC.FOR

प्राध्यापक सदस्य और सहायक स्टाफ

#### FACULTY MEMBERS AND SUPPORTING STAFF

	*	
नाम और पदनाम:		
Name & Designation:		
विभाग:		
Department:		
छुट्टी का प्रकार:		
Type of Leave:		
छुट्टी की अवधि:		
Period of Leave:		
सीएल / आरएच प्राप्त करने से पहले शेष राशि:		
Balance before availing CL/RH		
सीएल / आरएच के पहले शेष राशि:		
Balance before after CL/RH:		
पहले से जुड़ा हुआ / प्रत्यय:	8	
Prefixed/Suffixed:		
उद्देश्य:		
Purpose:		
पता:		
Address :		
टेलीफोन / मोबाइल नंबर		
Tel./Mobile No:		
The state of the s		
	<del></del>	
	तारीख के साथ आवे	

तारीख के साथ आवेदनकर्ता के हस्ताक्षर SIGNATURE OF THE APPLICANT WITH DATE

किसी भी तरह के अवकाश / ओडी पे जाने से पहले, कक्षा समायोजन अनिवार्य है और इसे अनुसरण के रूप में सूचित किया जाना चाहिए: Prior to taking leave of any kind /OD, the class adjustment is mandatory and should be reported as follow: कक्षा समायोजन:

CLASS ADJUSTMENT:

दिनांक	समय	कोड के साथ विषय का नाम	Tom 2 0 2 2 2 2 2 2 2	
Date Time Name of tl		Name of the subject with	कक्षा के विकल्प के रूप में कक्षा ले जाने वाले फैकल्टी का नाम	संकाय सदस्य के हस्ताक्षर Signature of
		Code	Name of the faculty taking	the faculty member
	1	the class as substitute	the faculty member	
		- *		
		3		
	-			
		-		
		1		
	वीकत/अस्व			

स्वीकृत/अस्वीकृत

Recommended/Not Recommended(for HOD)

स्वीकृत/अस्वीकृत

विभागाध्यक्ष के हस्ताक्षर SIGNATURE OF H.O.D. Recommended/Not Recommended
Dean/ Registrar

स्वीकृति अधिकारी का हस्ताक्षर SIGNATURE OF THE SANCTIONING AUTHORITY

National Institute of Technology Agartala

Barjala, Jirania, West Tripura, Pin: - 799055 Tel. No. : +91381 2346630 / 6629, Fax. No. : +91381 2346360, Url : www.nita.ac..in.



### राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला

#### NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA AGARTALA – 799046 (TRIPURA)

No.F.NITA.3(4-GEN/15/shadow-1/9327-33

Dated, the\_\_\_\_2018

#### **CIRCULAR**

It is hereby informed to all concerned that a Format for all kinds of leave has been devised for implementation. Therefore, all are requested to apply their Leave in the prescribed Format, which is available on the Institute website.

All Departments/Sections are requested to maintain the Leave Record in the Logbook/Register of all categories of employees and the same be submitted to the Estt. Section on 20th of every month for its record.

The above said circular is implemented with immediate effect.

(DR. GOVIND BHARGAVA) REGISTRAR

#### Copy to:

- 1. PS to Director for kind information of the Director.
- 2. All Deans, NIT Agartala.
- 3. All HoD, NIT Agartala.
- 4. Dy. Registrar (Admn.) i/c, NIT Agartala.
- 5. Asstt. Registrar (Finance), NIT Agartala.
- 6. All Section/Branch Incharge, NIT Agartala.
- 7. Mr. Kamal Kanti Paul, System Administrator, NITA to arrange uploading the above Circular alongwith newly devised Leave Application Form on the NITA Website immediately.

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