

INDIAN INSTITUTE OF TECHNOLOGY BOMBAY

DEPARTMENT:

SPECIAL CASUAL LEAVE FORM

Name:

Designation:

Date of assignment:

Day:

Time:

SCL availed before this application in this calendar year:

Period of absence from HQ: From:

to:

Venue/place of assignment:

Address (for contact/of host):

Phone (s):

Fax:

Nature of assignment: (Tick as many as are APPROPRIATE)

Committee Meeting

() Selection

() Advisory

() organization

() Screening

() Expert

() other -

Conference / Workshop

() presentation

() keynote address

() session chairman

Other -

Project

() sponsored

() consultancy

() technology mission

Visit

() industry

() institution

() JEE/GATE

() honorary

() resources

() other -

Examination

() Viva - Voce Ph.D./
M.Tech/MS/B.Tech

() other

Salient details of assignment

Certified that I have made the necessary arrangements for handling my academic administrative and other duties during the period of leave requested.

Date:

Signature

HEAD OF THE DEPARTMENT

N.B. - Special Casual Leave (SCL) for a period not exceeding 15 days in a year may be granted to a faculty member by the HoD for legitimate academic/administrative absence as above. Requests for SCL beyond this have to be forwarded by the HoD to Dean (FA).