

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES
(UNIVERSITY OF DELHI)
SECTOR-2, DWARKA, NEW DELHI-110075**

APPLICATION FOR STUDY LEAVE

1. Name of the applicant in full : _____
2. Name as Contracted : _____
3. Designation (Present) : _____
4. Department in which currently working : _____
5. (a) Date of first appointment : _____
(b) Date of appointment from which
continuously serving the college : _____
(c) Date of confirmation : _____
(d) Date of promotion to the present post : _____
6. Educational qualification : _____
7. (a) Married/Unmarried : _____
(b) No. of dependents (State Nature of
relationship in each case) : _____
8. Present Pay : _____
9. Period for which Study Leave required : _____
10. Approximate date of availing of the
leave, if granted : _____
11. State weather leave is required : _____
(a) With pay and maintenance allowances : _____
(b) With pay only : _____
(c) With maintenance allowance only : _____
(d) Without pay and without maintenance
Allowances : _____

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12. University/Institution proposed to join : _____
- (a) State : _____
- (b) Country : _____
13. (a) Purpose for which study leave is : _____
required, viz. Whether for higher
studies or research work.
- (b) Subject branch of study/or research : _____
work, proposed to pursue
- (c) Research work done if any; (to be : _____
shown in detail in a separate sheet)
14. (a) The nature and amount of any Scholarship/ : _____
Fellowship or other Financial aid, including
travel grants. If any obtained or promised, give
details with papers in original or copies thereof.
- (b) If any Scholarship/Fellowship or financial : _____
assistance has been sought or obtained direct
from a foreign mission/Foundation/Govt. or
Organisation, it may be stated as to whether the
approval of the Govt. of India has been obtained
for its acceptance.
15. Whether Study Leave was granted previously, if : _____
so the conditions of grant and the period for the
same may be indicated.
16. Whether any Extra Ordinary Leave without pay : _____
was granted previously for any, teaching or
research assignment in or outside India.

Dated :

Signature

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TO BE FILLED IN BY THE HEAD OF THE INSTITUTION

Name of Department	Name of teachers already on Study Leave and/or on Extra Ordinary Leave for purpose of Study and/or Research	Probable date of the re-joining of the teachers already on Study Leave	Proposals regarding teaching arrangement if leave recommended	Remarks

Recommendations of the Head of the Institution

Dated:

Signature of the Head of the Institution