

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY,  
DESIGN AND MANUFACTURING (IIITD&M), KANCHEEPURAM**

**Application for EARNED / COMMUTED / HALF PAY LEAVE**

Name :

Designation :

Department :

1. Leave applied (a) Nature  
(b) No. of days: From \_\_\_\_\_  
To \_\_\_\_\_  
Holidays to be (a) Prefixed \_\_\_\_\_ (b) Suffixed \_\_\_\_\_

2. Ground on which leave is applied  
If the leave is for health reasons whether MC/FC is enclosed.  
Last Leave Nature:  
No. of days: From \_\_\_\_\_ To \_\_\_\_\_

3. Address during the above leave:

Date: \_\_\_\_\_ Signature of the staff Member\

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Remarks/Recommendations of the Superintendent

Date: \_\_\_\_\_ Registrar

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FOR OFFICE USE ONLY

Leave at credit: EL \_\_\_\_\_ days; HPL \_\_\_\_\_ days  
Leave to be granted E.L./Commuted Leave/H.P.L. /E.O.L. for \_\_\_\_\_ days  
From \_\_\_\_\_ To \_\_\_\_\_

Superintendent \_\_\_\_\_ Approved

Balance E.L.: \_\_\_\_\_ H.P.L. \_\_\_\_\_

Registrar  
(As may be applicable)