

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

APPLICATION FOR SHORT/LONG LEAVE

1. Name: _____ Designation: _____ PF No.: _____
2. Department: _____ Date of Joining Institute _____
3. Previous period of long/short leave, if any: _____
4. Purpose for which leave is sought (Please state location, Designation, Salary and Scale and enclose copy of the offer) _____
 - (a) Higher Studies:
Name of University: _____
Name of Programme: _____
 - (b) Lien to Govt. Agencies: _____
 - (c) Appointment of University: _____
 - (d) Appointment of Research Laboratories or Industry: _____
5. Duration and Type of Leave _____
6. Will extension of leave be necessary? Give reasons. _____
7. Was the application for job sent through the Institute: _____
8. Arrangements about research students: _____
9. Arrangements about research/consultancy projects: _____
10. Arrangements about Institute quarter: _____
11. Address during the leave period: _____

Signature

Date: _____

RECOMMENDATION OF HEAD OF DEPARTMENT

1. Total no. of faculty in the Department (including those on leave): _____
2. Number of faculty on leave: _____
3. Will the departmental programme suffer? Give reasons.

4. Is any alternate arrangement envisaged?

I recommend the leave for a period of as the guidelines for short/long leave are fulfilled.

I do not recommend the leave due to following reasons:

I recommend the leave for a period of even though the Guidelines for short/long leave are not fulfilled due to following reasons:

Signature
Date

KINDLY PROVIDE THE FOLLOWING INFORMATION DULY SIGNED
BY THE HEAD OF THE DEPARTMENT ALONG WITH THIS FORM ON
A SEPARATE SHEET

1. The Names of Ph.D./M.Tech. students under your guidance.
2. The name of the Faculty member responsible for research guidance of Ph.D./M.Tech. student during your absence along with his written consent, recommendation of DPGC and concurrence of Chairman, SPGC.
3. Title of project with you and name of the Faculty member who will coordinate the Project during your absence along with his written consent and the concurrence of Dean, R & D.
4. Clearance from Chairman, House Allotment Committee.

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR
OFFICE OF THE FACULTY AFFAIRS
ARRANGEMENTS OF M.TECH./PH.D. THESIS AND PROJECTS
DURING SHORT/LONG LEAVE**

Name: _____ PF No.: _____

Designation: _____ Dept. _____

Duration and the type of leave requested:

Type of leave	From	To	Duration

A. Arrangement regarding M.Tech./M.Des./Ph.D. Thesis guidance: (see the note below. Use additional sheets, if required)

(a) Concurrence of the Co-Supervisor(s) of the M.Tech./M.Des. students working with you.

Roll No	Name	Faculty Member	Consent and Signature
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(b) Concurrence of the Co-Supervisor(s) of the Ph.D. students working with you.

Roll No	Name	Faculty Member	Consent and Signature
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(c) Concurrence of Faculty Member(s) who will be the Programme Coordinator(s) of the M.Tech./M.Des./Ph.D. students.

Roll No	Name	Faculty Member	Consent and Signature
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Recommended

Approved

Convener, DPGC

Chairman, SPGC

Note: 1. If a student's Supervisor proceeds on long leave in case of Ph.D. students, and on leave for more than three months in case of M.Tech./M.Des. students, the DPGC shall appoint a Supervisor or a Co-Supervisor in consultation with the Supervisor and the student. In this case the number of Supervisors may be more than two if an External Supervisor already exists. If a student's Supervisor proceeds on short leave in case of Ph.D. students, and on leave for not more than three months in case of M.Tech./M.Des. students, the DPGC may appoint a Programme Coordinator to take care of various formalities.

2. It is understood that before the application is submitted the concerned Supervisor to take charge of the student has already appointed as per laid down procedures in the Department/IDP.

B. Sponsored Research/Consultancy Projects*:

Concurrence of Faculty member(s) who will look after sponsored/consultancy projects:

Project No.	Project Title	Faculty Member	Consent and Signature
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Arrangements given above approved not approved DORD _____

C. Arrangements About Institute Quarter: Quarter No.: _____

Arrangements given above approved not approved

Chairman, House Allotment Committee

Date: _____ Signature of Applicant _____