

Application for Quarantine Leave

1 Name with initials

2 Designation

3 Faculty/Department / Division/Centre

4 Status of the Employees

Permenant Assing Basis Other
 Contract Daily Paid

5 Permenent Address (Where you are under quarantine)

6 No of days you are under quarantine under the instruction of MOH office.(Attach evidence documents submitted by MOH to prove that you are under quarantine)

7 If evidence are not attached please mentioned the MOH office.....

8 I certify that above details ate true and correct.

.....
 Signature of the Applicant Date

Recommendation of the Head,

Assistant Registrar /Non Academic Establishment Division,

I recommended the quarntine leave and forwarded for neccessery action please.

.....
 Signature of Head of the Date
 Department/Division/Centre

UMO,

Please give your recommendation to grant Quarantine Leave for
 Prof./Dr./Mr./Mrs..... Fromto.....

.....
 Assistant Registrar Date
 Non Academic Establishment Division

Recommendation of UMO & PHI

Assistant Registrar/
 Non Academic Establishment Division

Quarntine Leave for Prof./Dr./Mr./Mrs..... is recommended.

.....
 Signature of PHI Date

.....
 Signature of UMO Date

Leave Clerk

Please take action to obtain the Council approval to grant quarantine leave for
 Prof./Dr./Mr./Mrs..... For the period from..... To

.....
 Assistant Registrar Date Leave Clerk Date

Non Academic Establishment Division