



# INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad-500043

## APPLICATION FOR LEAVE ON DUTY: ACADEMIC LEAVE

To attend - Faculty Development Program / Professional Development Program / Workshop / Short Term Training Program / Refresher Course / Corporate Training  
(Programs more than 5 days)

|    |   |               |                           |
|----|---|---------------|---------------------------|
| 1  | Name of the Employee  | :             |                           |
| 2  | Employee ID   | :             |                           |
| 3  | Designation   | :             |                           |
| 4  | Department  | :             |                           |
| 5  | Date(s) of the Program  | :             |                           |
| 6  | No. of days required  | :             |                           |
| 7  | Period  | :             | From.....To.....          |
|    | Prefix / Suffix of holidays, if Any   | :             | Prefix ..... Suffix.....  |
| 8  | Details of the FDP / PDP / Workshop / STTP / Refresher Course / Corporate Training to attend  | :             |                           |
| 9  | Name of the organizers and place where FDP / PDP / Workshop / STTP / Refresher Course / Corporate Training etc. is held                               | :             |                           |
| 10 | Do you require Registration fee etc. to attend FDP / PDP / Workshop / STTP / Refresher Course / Corporate Training? If yes, attach required documents | :             |                           |
| 11 | Number of days of academic leave last availed during the current year   | :             |                           |
| 12 | Class work adjustment:  |               |                           |
|    | Date  | Period Number | Class, Branch and Section |
|    |   |               | Alternative Arrangement   |
|    |   |               | Emp. ID                   |
|    |   |               | Name                      |
|    |   |               | Signature                 |
|    |   |               | Date of Compensation      |
|    |   |               |                           |
|    |   |               |                           |
|    |   |               |                           |
|    |   |               |                           |

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

**Signature of the Applicant**

**Remarks of HOD:** Accepted / Not Accepted

Comments if any: \_\_\_\_\_

**Signature of HOD**

**Remarks of Dean of PMCS:** Accepted / Not Accepted

Comments if any: \_\_\_\_\_

**Signature of PMCS**

**Recommendation of the Principal:** Sanctioned / Not Sanctioned.

**PRINCIPAL**