



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal - Hyderabad, 500 043

APPLICATION FOR EXAMINERSHIP: ACADEMIC LEAVE / ON DUTY

(Academic Leave - Accepting Observer / Examiner Ship. **On Duty** - Deputed on office work only)

1	Name of the Applicant and Employee ID	:	
2	Designation	:	
3	Department	:	
4	Type of leave	:	Academic Leave / On Duty
5	Date(s) of the Programme / Examiner ship	:	
6	No. of days required	:	
7	Period	:	from.....To.....
	Prefix/Suffix of holidays, if Any	:	Prefix Suffix.....
8	Details of the External exams / Observer / Spot Valuation to attend / participate	:	
9	Name of the organization and place where the activities held	:	
10	Do you require Registration fee etc. for the present move? If so, attach the communication accepting your paper for presentation	:	
11	Number of days of Leave last availed during the current year	:	

12 Class work adjustment:						
Date	Period Number	Class, Branch and Section	Alternative Arrangement		Signature	Date of Compensation
			Emp. ID	Name		

Date: _____	Signature of the Applicant
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<p>Remarks of HOD: Yes / No</p> <p>Comments if any: _____</p>	Signature of HOD
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<p>Recommendation of the Director: Sanctioned / Not Sanctioned.</p>	PRINCIPAL
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