



सरदार पटेल विश्वविद्यालय मण्डी  
**Sardar Patel University Mandi**  
(Established Under H.P. Legislative Assembly Act 03 of 2022)

E-mail ID: [registrar@spumandi.ac.in](mailto:registrar@spumandi.ac.in)  
Ref. No. SPU-Mandi/Misc. /02/2022-412-18

Phone No.01905-292295  
Dated 30.05.2024

**Office Order**

The Hon'ble Vice-Chancellor has appreciated the initiative taken by all the wings of the University and has further desired that the task assigned be completed in time to ensure efficiency. I have been directed to inform that all the faculty & staff should ensure that no one will leave the station without getting leave sanction by the competent authority.

The leave forms such as casual leave/ other than casual leave and duty leave have been designed by the establishment branch, which are made available on the website. The same are also being enclosed for the convenience of all the employees

Therefore, faculty and all the employees of the University will apply for leave on these prescribed performa at least 07 days prior to availing the leave. The employee will leave the station only after the leave is sanctioned.

-sd-  
**Registrar**

Endst. As above Even No. and dated 30<sup>th</sup> May, 2024

Copy for information to:

1. Dean Academic Affairs, SPU Mandi.
2. The Controller of Examinations, SPU Mandi.
3. The Finance Officer, SPU Mandi.
4. All Deans/ HoDs, SPU Mandi.
5. Superintendent Vice Chancellor office SPU Mandi -175001
6. P.A. to Pro V.C., SPU Mandi.
7. All Concerned
8. Guard file.

**Registrar**

**SARDAR PATEL UNIVERSITY, MANDI-175001**

**“Establishment Branch”**

**Application Form for Duty Leave**

1. Name.....
2. Designation.....
3. Department.....
4. Period of duty leave with dates.....
5. Reason for duty Leave.....  
.....
6. Supporting Document(s).....  
.....
7. Leave Address and period of station leave with date(s)  
.....  
.....
8. Teaching arrangements of classes of applicant during the period of duty leave.  
.....  
.....
9. Duty leave already availed during the calendar year  
.....  
.....

Signature of Teacher

Dated.....

Recommendations of the Chairperson/Director

Dean of Studies

Vice Chancellor

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Registrar office

**SARDAR PATEL UNIVERSITY,MANDI-175001**

**Form for Applying leave other than Casual Leave,Compensatory leave,Duty Leave etc.**

**ESTABLISHMENT BRANCH”**

**Note:- Application should be submitted at least 15 days before the proposed date of availing.**

**I. To be filled by the Applicant.**

1. Name of the Applicant \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Department/Office \_\_\_\_\_
4. Leave applied for with period & date of commencement \_\_\_\_\_
5. Dates/period to be Prefixed/Suffixed  
Prefixed \_\_\_\_\_  
Suffixed \_\_\_\_\_
6. Reasons for applying leave \_\_\_\_\_
7. Leave last availed of with period & date \_\_\_\_\_
8. Address for correspondence during leave \_\_\_\_\_
9. Contact telephone number during the period of leave \_\_\_\_\_

Dated :-.....

.....  
(Signature of Applicant)

**II To be filled in by Supervising/Controlling Officer :-**

1. Leave applied for is \_\_\_\_\_  
(Please indicate in own hand “Recommended” or “Not Recommended”)
2. Reasons, if leave not recommended \_\_\_\_\_
3. Work of the Applicant will be looked after by the existing staff or Deptt./Office by internal adjustment.
4. In case of leave of Teacher, please indicate the name/designation of the Teacher who will look after the routine work of the Deptt. or attend classes of the Applicant during the leave period.  
\_\_\_\_\_

Despatch No. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Supervising Officer/  
Controlling Officer with Official Stamp)

**(FOR USE IN THE OFFICE)**

Leave case of \_\_\_\_\_

File No. \_\_\_\_\_

1. Total Leave due (as on \_\_\_\_\_)

2. Whether the leave applied is admissible or not YES/NO

3. Duration of leave proposed to be sanctioned :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Sanctioning Authority : Deputy Registrar (Estt.)/Registrar/Vice-Chancellor

5. Submitted for the kind approval/ex-post-facto approval of the \_\_\_\_\_  
Please.

D.A. \_\_\_\_\_

S.O. Estt. \_\_\_\_\_

D.R.. (Estt.) \_\_\_\_\_

Registrar \_\_\_\_\_

Vice Chancellor \_\_\_\_\_



# Sardar Patel University, Mandi

(A State Government University)

## APPLICATION FOR CASUAL LEAVE/ COMPENSATORY LEAVE/ RESTRICTED HOLIDAY

**Name** :  
**Designation** :  
**Nature of Leave** :  
**Period of Leave** :  
**No. of day(s)** :  
**Purpose of Leave** :

**Date:**

**Signature of Applicant**

**The above mentioned is approved.**

**Signature of Authority**

**Registrar**