

### **6.3.1 - THE INSTITUTION HAS EFFECTIVE WELFARE MEASURES FOR TEACHING AND NON- TEACHING STAFF**

Institute has effective welfare measures in place for its teaching and non-teaching staff. The various welfare schemes are as follows:

1. Medical Leaves
2. Child Educational Allowance
3. Maternity benefits as per norms
4. Leave Travel Concession
5. All the non-doctoral staff members are encouraged to get enrolled for part-time Ph.D. program.
6. Subsidized on campus medical facilities
7. DEI Employees' Welfare Fund
8. Opportunities for international exposure, as per norms

The following facilities are also provided to employees for efficient functioning :

1. Medical leave
2. Yoga classes
3. Psychological counseling
4. 24 hour power back-up (100%) through solar power plants
5. Wi-Fi facility.
6. Workspace
7. Computing facility
8. Crèche facility
9. Cafeterias
10. Free e-transport in campus

#### 11. Identity cards

12. Sports facilities A new and innovative initiative has been taken by providing a crèche facility for the children of staff.

The campus is vehicle-free and free e-transport has been provided within the campus. Psychological counselling is available for the staff. A large number of faculty members have been supported for International visits by Staff members to MoU Institutions and Conferences. In order to encourage the young faculty to pursue a vibrant research career Internal projects and Seed money have been provided early in their career. Uniforms are available for the students at very low cost. Subsidized milk and dairy products are available on a daily basis. Low rental cost housing is available wherein the rents amount to almost nothing is available. Various kinds of scholarships are available on basis of merit, merit-cum-means and for the underprivileged sections of the society. These are from the Institute's own resources apart from the Government schemes that are available. Special scholarships are available for students with less means pursuing PhD. A Thrift Society provides financial support to its members at times of need. Mechanism is available for providing non-refundable loans in case of medical emergencies to staff as per need.

FACULTY

EMPOWERMENT

STRATEGIES

ON DUTY LEAVE FOR SPPU

WORK



SRTCT'S  
SUMAN RAMESH TULSIANI TECHNICAL CAMPUS – FACULTY OF ENGINEERING,  
KHAMSHET

An ISO 9001:2015 Certified Institute

ADMINISTRATION DEPARTMENT

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

On Duty Leave Form

Academic Year: 2021-22  
Semester: I

Date: 26.2.22

1. Name of the Staff Member : Jaalhav Satish Kisan
2. Designation : Instructor Dept. : Workshop
3. Details of Work : Marksheet

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
25-2.22	8.30	3.45	Pune University	marksheet

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign
	Gore sir			26.2.22	Hsdg

Date of Application : 26.2.22

Signature of Applicant : Jaalhav

Request for permission :

26/2/2022  
HOD

Gore  
Office Superintendent

Principal  
Principal



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**ADMINISTRATION DEPARTMENT**

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

**On Duty Leave Form**

Academic Year: 2021-22

Semester: II

Date: 5/02/2022

1. Name of the Staff Member : Prof. Anjali M. Dalvi
2. Designation : Asst. Professor Dept. : Comp. Engg.
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
<u>3/2/2022</u>	<u>10:30</u>	<u>3:30 pm</u>	<u>TE&amp;BE Lectur.</u>	<u>Office work</u>
			<u>conduction</u>	

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign
—	—				

Date of Application : 5/2/2022

Signature of Applicant : [Signature]

Request for permission :

[Signature]  
HOD

[Signature]  
Office Superintendent

[Signature]  
Principal



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ADMINISTRATION DEPARTMENT

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

Academic Year: 2021-22

Semester: I

Date: 28/02/22

On Duty Leave Form

1. Name of the Staff Member : Girish N Matre

2. Designation : Asst. prof. Dept. : ELTC

3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
<del>10/02/22</del> 25/02/22	10:00am	3:00pm	SPPU pune	Teacher Approval 2021-22

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign

Date of Application : 28/02/22

Signature of Applicant : Girish N Matre

Request for permission :

HOD

Office Superintendent

Principal





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**ADMINISTRATION DEPARTMENT**

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

Academic Year: 2021-22

Semester: I

Date: 28/02/22

**On Duty Leave Form**

1. Name of the Staff Member : Girish N Matre

2. Designation : Asst. prof. Dept. : ESTC

3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
01/02/22	8:30am	3:30pm	NAAE, AISHE,	Mandatory compliance
02/02/22	-11	—	Exam related	
03/02/22	-11	—	work.	

04/02/22 } -11 —  
05/02/22 } -11 —

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign

Date of Application : 28/02/22

Signature of Applicant : Girish N Matre

Request for permission :

HOD

Office Superintendent

Principal

OP is not approved.

Utilise balance leaves  
rest LWP

(2.5 days LWP)





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ADMINISTRATION DEPARTMENT

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

On Duty Leave Form

Academic Year: 2021-22

Semester: II

Date: 28/02/2022

1. Name of the Staff Member : Prof. Sandip S. Deshpande
2. Designation : Asst. Prof. Dept. : Civil
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
23/02/22	8:30	3:30	W. J. J.	home
24/02/22	8:30	3:30		
25/02/22	8:30	3:30		
26/02/22	8:30	3:30		

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign

Date of Application : 28/02/2022

Signature of Applicant : [Signature]

Request for permission :

[Signature]  
HOD

[Signature]  
Office Superintendent

[Signature]  
Principal



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**ADMINISTRATION DEPARTMENT**

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

**On Duty Leave Form**

Academic Year: - 21-22

Semester: - II

Date: 18/02/22

1. Name of the Staff Member : Mr. J. R. Dhake
2. Designation : Asst. Prof. Dept. : Civil
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
17/2/22	11:30	4:00	G.P. Awasam	MSBTE Exam.

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign

Date of Application : 18/02/22

Signature of Applicant : [Signature]

Request for permission :

[Signature]  
HOD

[Signature]  
Office Superintendent

[Signature]  
Principal



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**ADMINISTRATION DEPARTMENT**

Form No. COESF-05  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

**On Duty Leave Form**

Academic Year: 21-22  
Semester: I  
Date: 18-02-2022

1. Name of the Staff Member : MS. K. A. Mohite
2. Designation : Lecturer Dept. : Civil
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
17-02-22	11:30	4:00	G.P. AWSAD	MSBTE EXAM

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign

Date of Application : 18-02-2022

Signature of Applicant :

Request for permission :

HOD

Office Superintendent

Principal





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ADMINISTRATION DEPARTMENT

Form No. COESF-05  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

On Duty Leave Form

Academic Year: 2019-20  
Semester: I

Date: 11/11/2019

1. Name of the Staff Member : Prof Bhavesh B. Shah  
2. Designation : Asst. Prof. Dept. : Computer Engg.  
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
14/11/2019	08:30	05:30	SKNSIT, Lonavala	External Sr. Supervisor
26/11/2019				

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign
1.	Prof. D.V. Kulkarni		DEPT. WORK + Systems		

Date of Application : 18/11/2019

Signature of Applicant : B.S.

Request for permission :

f. [Signature]  
HOD

Office Superintendent

Principal



10202000

## Savitribai Phule Pune University



CO-ORDINATION SECTION  
Gandhinagar, Pune - 411 007  
Phone - (020) - 25601204

16/08 Nov 2019

Shreshth Babulal Shah (7970102002)

Suman Ramesh Tulsiani Charitable Trust Suman Ramesh  
Tulsiani Technical Campus Faculty of Engineering Addr:  
Survey No 81829192949799101102106AI Post Mauje  
Khamshet Ta: Mawal Dist: Pune

Subject: Appointment of External Senior Supervisor (Observer) for University Examination/s to be held in  
Second half of the year, 2019

To: Madam,

Referring to the above mentioned subject, I am directed to inform you that the University has appointed you as  
External Senior Supervisor, which is also referred as Observer for University Examination under the provision of  
Maharashtra Public Universities Act 2016, section (48) (1) (d) and ordinance 8 (4). The details of your place of work is as follows:

Centre and Place of Examination

Sinhgad Technical Education Society SKN SINHGAD INSTITUTE OF TECHNOLOGY AND SCIENCE Addr: Gat No  
300/310 off Mumbai Pune Expressway Kusaagon Lonavala Tal: Mawal Dist: Pune, Pincode: 410401

Name of ExaminationDuration of the Appointment

All Exams conducted during this duration

From

To

14 Nov 2019

26 Nov 2019

It is brought to your notice that, it is legally bounded duty for you to attend this work. The Maharashtra Public Universities Act 2016,  
section (48) (4) reads as follows:

"It shall be obligatory on every teacher and on the non-teaching employee of the Universities, affiliated, conducted colleges,  
community colleges or recognized institution to render necessary assistance and service in respect of examination of the university  
and evaluation of students as prescribed by statutes. If any teacher or non-teaching employee fails to comply with the order of the  
university or colleges or institution, in this respect, it shall be treated as misconduct and the employee shall be liable for  
disciplinary action. In case of failure on the part of the teacher or non-teaching employee of any affiliated college, conducted college  
, community college or recognized institution, to comply with the order of the university in this respect, the Vice-Chancellor shall  
have power to take an appropriate action against them, which may include imposing penalties including suspension of approval to  
the appointment of a teacher, as may be prescribed by Statutes."

Hence it is brought to your notice that this duty is compulsory and failing to report will attract the action under Maharashtra Public  
Universities Act 2016, section (48) (4) coupled with Statute - 431: "Grounds for taking any disciplinary action against a teacher"  
and Statute - 431 (iii) "Willful and persistent neglect of duty"

In addition to your duties as External Senior Supervisor you are also the Observer and representative of Director, B.E.E., Savitribai  
Phule Pune University, and you will be responsible for Director, B.E.E. You should take guidance only from Director, B.E.E. It is your  
bounded duty as representative of Director, B.E.E. to ensure copy free and orderly conduct of examinations. If there are any  
irregularities committed by college, it is your duty to bring them to the notice of Director, B.E.E. In some examination centres Police  
Bandobast is also provided. This will be at your disposal and you should take round with police constable to ensure there is no  
copying at the centre. Further at some centres videographers are provided. They will also be at your disposal. Videographer should  
do videography in examination hall as well as outside under your supervision and ensure copy free examination or no any other  
examination unfair means.

Needless to say that the entire work organization of University examinations is a team work and requires full support and co-  
operation for every corner, to make it success. I am confident that you will continue to extend your full support and co-operation in  
this task and oblige.

Thanking You,

Copy f.w.c.s. for information and necessary action to:

Yours Faithfully,  
Director, Board Of Examinations and Evaluation

1. The Principal / HOD / Director,

Suman Ramesh Tulsiani Charitable Trust Suman Ramesh Tulsiani Technical Campus Faculty of  
Engineering Addr: Survey No 81829192949799101102106AI Post Mauje Khamshet Ta: Mawal Dist: Pune

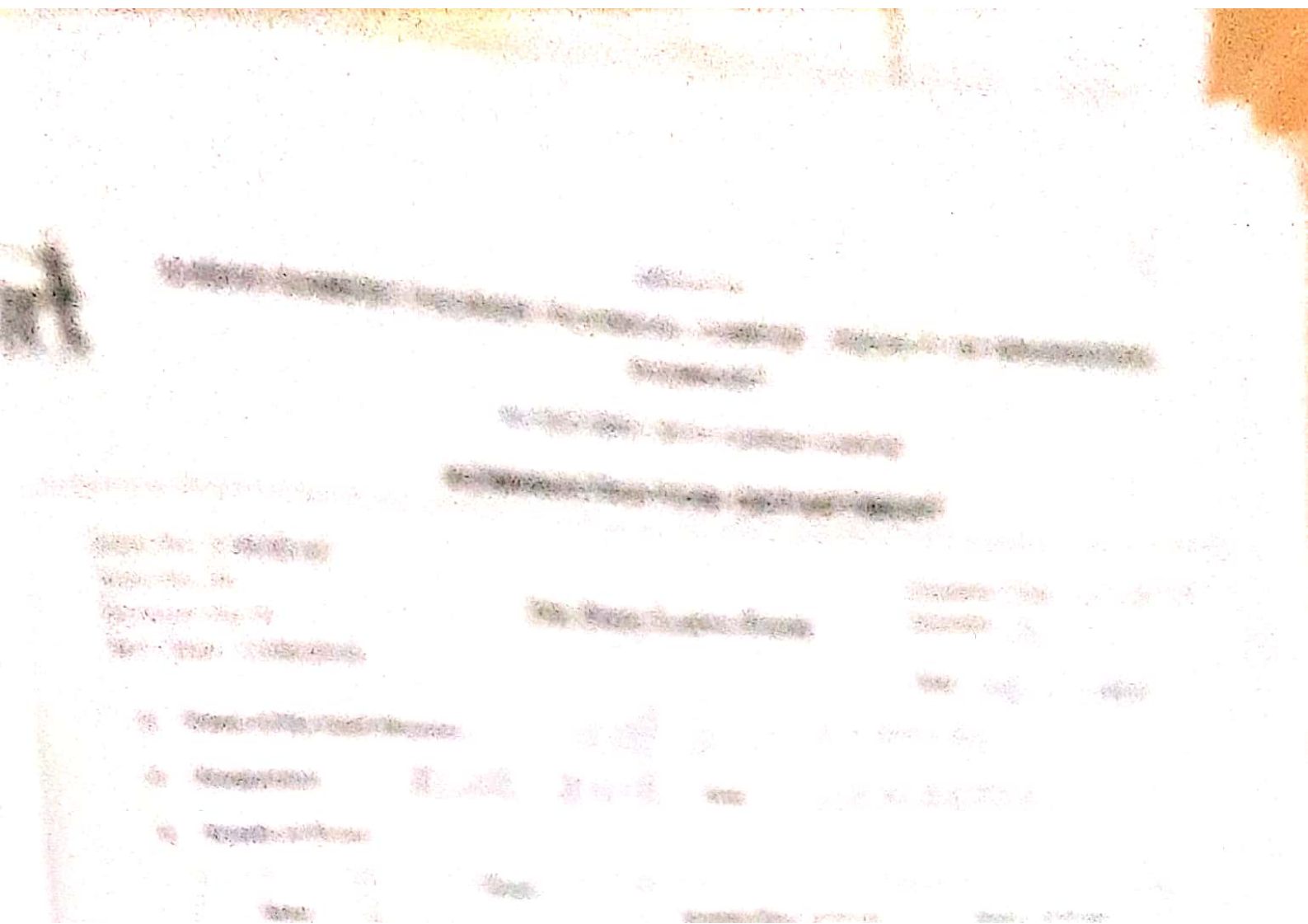
THIS IS A COMPUTER-GENERATED DOCUMENT AND IT DOES NOT REQUIRE A SIGNATURE. THIS DOCUMENT  
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Page 1 of 2

Get Confirmation call on  
12<sup>th</sup> Nov/2019

BS  
B/T Nov/2019  
(B.B.Shah)







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**SUMAN RAMESH TULSIANI TECHNICAL CAMPUS – FACULTY OF ENGINEERING,**  
**KHAMSHET**

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**ADMINISTRATION DEPARTMENT**

Form No. COESF-05

Issue No.:02

Revision No: 0

Rev. Date: 15/06/2018

**On Duty Leave Form**

Academic Year: 2019-20

Semester: II

Date: 08/11/2019

1. Name of the Staff Member : prof. D.V. Kudande
2. Designation : Asst. prof. Dept. : computer
3. Details of Work :

Date	Time		Outside Place of Work	Nature of Work
	From (am)	To (pm)		
08/11/19	9:00am	3:30pm	D.Y. Patil	Attend R' workshop.

4. Details of Work Load Adjustment :

Sr No	Name of The Adjusting Staff Member	Class/Batch	Time	Date	Sign
1.	Prof B.B. Shah	←	Dept work	→	BS

Date of Application : 08/11/2019

Signature of Applicant : [Signature]

Request for permission :

[Signature]  
HOD

Office Superintendent

Principal



Gmail

Dnyanesh Kudande <dnykud@gmail.com>

---

elines for 'One day Workshop on R - 9 November 2019'

age

ach@it.iitb.ac.in <eoutreach@it.iitb.ac.in>  
To: eoutreach@it.iitb.ac.in  
y kud@gmail.com  
outreach@it.iitb.ac.in

Fri, Nov 8, 2019 at 12:37 PM

ar Dnyaneshwar Kudande

ank you for your enthusiastic response for the 'R' workshop, scheduled on 9 November 2019. Your registration  
**Confirmed.**

ou are now requested to attend this workshop at your chosen remote centre only. To know the details of your  
remote Centre coordinator, please click here.

We request you to kindly go through the attached presentation slides thoroughly for better clarity of the workshop.


n this attached presentation slides, we have mentioned about the Workshop Schedule, Methodology of workshop,  
eporting time at remote centre, takeaways from workshop etc.

We expect your full cooperation to make this workshop a success. We look forward to seeing you on 9 November  
2019, through our remote centres.

In case of any further clarification, please send an email to eoutreach@cse.iitb.ac.in or call us on 022-25764989.

Regards,  
Course Management Team

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 C:\fakepath\lr-main.pdf  
934K

LEAVE FOR

RESEARCH WORK



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**ADMINISTRATION DEPARTMENT**

Form No. COESF-06  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

**Leave Application Form**

Academic Year: 26/07/21

Semester: II

Date: 2020-21

**APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL**

**LEAVE / EARN LEAVE**

1. Name of Staff Member
2. Designation
3. Nature & Period of Leave

Prof. A. M. Dalvi

Asst. Professor Department: Comp. Engg.

Comp. Engg. for 01 days.

4. Prefix / Suffix
5. Reason for Leave
6. Workload Adjustment

From: 24/07/21 To: 24/07/21

Suffix: phd work

Contact No. 9921847835

Yes / No

**Details of Workload Adjustment**

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	Prof. B. B. Sheth	Dept. work		24/07/21	PR
2					
3					
4					

Date of Application: 26/7/21

Signature of Applicant

**Recommendations of the Head of Department/Mentor**

The leave asked for is recommended / not recommended for Sanction

Signature of Head of Department/Mentor

**Remarks of Establishment Section.**

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal





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## ADMINISTRATION DEPARTMENT

Form No. COEST-06  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

OD  
**Leave Application Form**

Academic Year: 2021/22  
Semester: II

Date: 2022

**APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL  
LEAVE / EARN LEAVE**

1. Name of Staff Member : Prof. A.M. Dulvi
2. Designation : Ass. Professor Department: Comp. Engg.
3. Nature & Period of Leave : OD for 02 days.  
From: 27/7/21 To: 28/7/21
4. Prefix / Suffix : Prefix
5. Reason for Leave : PhD Presentation
6. Workload Adjustment : Yes / No Contact No. 9921897835

**Details of Workload Adjustment**

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	Prof. B.B. Shah.	2-Dept work		27/7/21	} BE
2	Prof. B.B. Shah.	BE-	9:45 to 10:45	28/7/21	
3					
4					

Date of Application: 26/7/21

Signature of Applicant

**Recommendations of the Head of Department/Mentor**

The leave asked for is recommended / not recommended for Sanction

Signature of Head of Department/Mentor

**Remarks of Establishment Section.**

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal

LEAVES



**ADMINISTRATION DEPARTMENT**

Form No. COESF-06  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

**Leave Application Form**

Academic Year: 2020-21  
Semester: II

Date: 21/7/21

**APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL LEAVE / EARN LEAVE**

1. Name of Staff Member
2. Designation
3. Nature & Period of Leave

: Prof. Anjali M. Davi  
: Asst. Professor Department: Computer  
: C.L. for 01 days.

4. Prefix / Suffix
5. Reason for Leave
6. Workload Adjustment

From: 3/7/21 To: 3/7/21  
prefix: personer  
Yes/No

Contact No. 9421897835

Details of Workload Adjustment					
Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	Prof. B.B. Shan.	← Dept. work →		3/7/21	BZ
2					
3					
4					

Date of Application: 21/7/21

Signature of Applicant

**Recommendations of the Head of Department/Mentor**

The leave asked for is recommended / not recommended for Sanction

Signature of Head of Department/Mentor

**Remarks of Establishment Section.**

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal



SRTCT'S

SUMAN RAMESH TULSIANI TECHNICAL CAMPUS – FACULTY OF ENGINEERING,

KHAMSHET

An ISO 9001:2015 Certified Institute

## ADMINISTRATION DEPARTMENT

Form No. COESF-06  
Issue No. 02  
Revision No: 0  
Rev. Date: 15/06/2018

### Leave Application Form

Academic Year: 2024-25

Semester: I

Date: 26/07/2024

#### APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL LEAVE / EARN LEAVE

1. Name of Staff Member : Prof. Sandip S. Deshpande  
2. Designation : Asst. Prof Department : Civil  
3. Nature & Period of Leave : C.L. for 1 days.

From: 08/07/2024 To: 08/07/2024

4. Prefix / Suffix : Suffix  
5. Reason for Leave : Medical Contact No. 9284545007  
6. Workload Adjustment : Yes / No  
Details of Workload Adjustment

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	Prof. C. R. Yeole	S.Y. Civil	11:00:11:45	08/07/2024	C. R. Yeole
2					
3					
4					

Date of Application: 26/07/2024

[Signature]  
Signature of Applicant

Recommendations of the Head of Department/Mentor

The leave applied for is recommended / not recommended for Sanction

[Signature]  
Signature of Head of Department/Mentor

Remarks of Establishment Section.

[Signature]  
Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

[Signature]  
Principal





## ADMINISTRATION DEPARTMENT

Form No. COESF-06  
Issue No.: 02  
Revision No: 0  
Rev. Date: 15/06/2018

### Leave Application Form

Academic Year: 2020-21  
Semester: II

Date: 03/07/2021

#### APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL LEAVE / EARN LEAVE

1. Name of Staff Member : Prof. Ashwin S. Patil
2. Designation : Asst. Prof. Department: Civil Engineering
3. Nature & Period of Leave : CL for 01 days.  
From: 03/7/21 To: 04/7/21
4. Prefix / Suffix : Prefix
5. Reason for Leave : Personal Contact No. 9595155611
6. Workload Adjustment : ☒ Yes / ☐ No

#### Details of Workload Adjustment

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	Prof. S.S. Deshpande	SE	9:30 to 10:30	10/7/2021	
2			10:30		
3					
4					

Date of Application: 03/7/2021

Signature of Applicant

#### Recommendations of the Head of Department/Mentor

The leave asked for is recommended / not recommended for Sanction

Signature of Head of Department/Mentor

#### Remarks of Establishment Section.

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal



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ADMINISTRATION DEPARTMENT

Form No. COESF-06  
Issue No.:02  
Revision No: 0  
Rev. Date: 15/06/2018

Leave Application Form

Academic Year: 2021-22  
Semester: I

Date: 3/08/21

APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL  
LEAVE / EARN LEAVE

1. Name of Staff Member : Girish N Matre  
2. Designation : ASST. PROF Department : ETC  
3. Nature & Period of Leave : EL for 01 days.  
From: 31/07/21 To: 31/07/21  
4. Prefix / Suffix : SUFFIX  
5. Reason for Leave : Medical Reason Contact No. 9766909683  
6. Workload Adjustment : ☒ Yes / No

Details of Workload Adjustment

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1					
2					
3					
4					

Date of Application: 03/08/21

Gmatre  
Signature of Applicant

Recommendations of the Head of Department/Mentor

The leave asked for is recommended / not recommended for Sanction

[Signature]  
Signature of Head of Department/Mentor

Remarks of Establishment Section.

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal





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**KHAMSHET**  
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**ADMINISTRATION DEPARTMENT**

Form No. COEST-06  
 Issue No. 02  
 Revision No. 0  
 Rev. Date: 15/06/2018

**Leave Application Form**

Academic Year:  
 Semester: I

Date: 5/7/21

**APPLICATION FOR CASUAL LEAVE / COMPENSATORY OFF / LEAVE WITHOUT PAY / MEDICAL  
 LEAVE / EARN LEAVE**

1. Name of Staff Member : M. V. Manbar
2. Designation : AP Department : Mech. Engg
3. Nature & Period of Leave : CL for 5 days.  
 From: 12/7/21 To: 17/7/21 (13-17 ML)  
 Reason: Prepara. 2 TD work  
 To call day for TC & car Reregistration No. (urgent)
4. Prefix / Suffix : Prof.
5. Reason for Leave : To call day for TC & car Reregistration No. (urgent)
6. Workload Adjustment : Yes / No  
 Details of Workload Adjustment : YCMRU. Work. (work from home)

Sr. No.	Name of Adjusting Staff Member	Class/Batch	Time	Date	Sign
1	<u>YCMRU</u>				
2	<u>Prof. A. SWami</u>		<u>8:30 to 3:30</u>	<u>12/7 to 17/7</u>	<u>ASL</u> <u>05/07/2021</u>
3					
4					

Date of Application: 5/7/21

Signature of Applicant

**Recommendations of the Head of Department/Mentor**

The leave asked for is recommended / not recommended for Sanction

Signature of Head of Department/Mentor

**Remarks of Establishment Section.**

Signature of Office Superintendent

Remarks of Principal/Director regarding sanction of leave.

Principal