



BABA GHULAM SHAH BADSHAH UNIVERSITY,
RAJOURI (J&K)-185234

NO. _____

Dated _____

Performa for sanction of deputation / Special Casual Leave

1. Name:
2. Designation:.....
3. Department:.....
4. Purpose of Visit:.....
5. Place of Visit:.....
6. Dates proposed (Including Journey days)..... to.....
7. How many lecturers to be missed during proposed visit:.....
8. Please mention the name of alternate faculty member who will take lecturer during the period in reference:
9. Numbers of times Deputation / Special casual Leave / Duty Leave availed during current calendar year.....if yes please specify the period and enclose copies of the earlier sanction orders.....
10. Any other information:.....
11. Sponsorship of Deputation:.....

Signature of Applicant

Dated:.....

Recommendation of HoD / Principal / Director

Signature of Controlling Officer

Name:.....

Seal: