



OFFICE OF THE DEAN RESEARCH STUDIES **UNIVERSITY OF JAMMU**

DEPUTATION / DUTY LEAVE APPLICATION FORM FOR FACULTY MEMBERS

1.	Name of the Faculty Member		
2.	Designation		
3.	Department		
4.	Period of Leave Applied for/Dates	From _____ to _____ (For _____ days)	
5.	Project Title and Funding Agency		
6.	Purpose of Duty leave / Deputation	Tick relevant	
(a)	Attending Conference / Seminar/Workshop (National/ International) (attach copy of Invitation)		
(b)	Field Visit/Data Collection (Domestic) (attach tour plan)		
(c)	International visit (data collection/analyzing experiments/ workshop etc) (attach copy of Invitation/ approval of funding agency/FCRA clearance if required)		
(d)	Any other research purpose, please specify (attach support documents)		
7.	Address during the Duty Leave/Deputation period Contact No. _____ Email i.d. . _____		
8.	(a) Budget Head to which the expenditure to be debited (b) Expenditure details (tentative) _____ (i) (ii) (iii)		
9.	Duty leave balance (as on date to be authenticated by the Office of the Dean Academic Affairs) Certified that _____ Duty leave is due in her/his favour as on date. <div style="text-align: right;">Authorised Signatory Office of the Dean Academic Affairs</div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Place: Date: </div> <div style="width: 50%; text-align: right;"> Signature of the Applicant </div> </div>			

Recommended and forwarded:

10. Signature of the Head of the Department (with Seal) _____

FOR OFFICE USE

Duty leave w.e.f. _____ to _____ for a period of _____ days is hereby sanctioned in favour of _____ for purpose of _____, out of _____ grant under Project titled: _____

_____ as per

University norms, subject to the availability of funds.

Dealing Assistant

Head Assistant

Section officer

A.R. (R&A)

Dean Research Studies

Copy to:- Sr. P.A to Dean Academic Affairs for information and updation of leave records.