United International University

Application for Station Leave only

Name:

Designation:	Department:	
Station Leave Required For/From	Only/ To	Total Day(s)
	Purpose of Leave:	

		Address during Leave:	
If NOC R (for overse			
Yes	No	Contact No.:	

Recommended by:			
Signature of Head of the Dept.	Signature of Deep of the	_	
with Date	Signature of Dean of the School with Date		Applicant's Signature with Date

(For Office Use Only)

Approval:

Station Leave Granted For/From	Only/ To	No. of Day(s)	
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Approved by:
Signature with Date