



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal - Hyderabad, 500 043

APPLICATION FOR EXAMINERSHIP: ACADEMIC LEAVE / ON DUTY

(Academic Leave - Accepting Observer / Examiner Ship. On Duty - Deputed on office work only)

1	Name of the Applicant and Employee ID	:			
2	Designation	:			
3	Department	:			
4	Type of leave	:	Academic Leave / On Duty		
5	Date(s) of the Programme / Examiner ship	:			
6	No. of days required	:			
7	Period	:	from.....To.....		
	Prefix/Suffix of holidays, if Any	:	Prefix Suffix.....		
8	Details of the External exams / Observer / Spot Valuation to attend / participate	:			
9	Name of the organization and place where the activities held	:			
10	Do you require Registration fee etc. for the present move? If so, attach the communication accepting your paper for presentation	:			
11	Number of days of Leave last availed during the current year	:			
12 Class work adjustment:					
Date	Period Number	Class, Branch and Section	Alternative Arrangement	Signature	Date of Compensation
			Emp. ID Name		

Date:	Signature of the Applicant
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Remarks of HOD: Yes / No
Comments if any: _____
Signature of HOD

Recommendation of the Director: Sanctioned / Not Sanctioned.
PRINCIPAL