Form No.: BPUT/ Ph.D.-2019/ 4
(vide Ph.D. - 5.1.3)

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ODISHA, Rourkela

APPLICATION FOR SPECIAL LEAVE (MATERNITY / CHILD CARE)

Name of the student	
Name of the faculty with Branch / Specialization	
Name of NCR	
Enrollmant No. & Date	
Regd. No.& Date:	
Reasons for seeking leave (Give details)	
Present status of Research	
Period of leave	From: to :
Leave already availed during the year (Medical)	
Address during the leave with Tel. No.	

I understand that this leave does not entitle me to extra classes, alternative examination or credit for class tests/home assignments.

Date :

Signature of Ph.D Student

Recommendation of Research Supervisor

Medical leave from _____ to _____ may be / may not be sanctioned.

Date:

Signature of Research Supervisor

Recommendation of the Head, NCR

Recommended / Not Recommended

Date:

(Head of NCR)

Approval by Vice Chancellor, BPUT

Approved / Not Approved

Date:

Vice Chancellor, BPUT

No: BPUT/ R&D/ _____ Dt:_____

To

Head of the NCR _____ for records.

Dt:

PIC(R&D) , BPUT

Registrar