



**THE UNIVERSITY OF AZAD JAMMU & KASHMIR, MUZAFFARABAD**

**(Registrar Office)**

**APPLICATION FOR STUDY LEAVE**

**SECTION A: PERSONAL INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ CNIC#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**SECTION B: EMPLOYMENT INFORMATION**

DESIGNATION: \_\_\_\_\_ BPS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

FACULTY: \_\_\_\_\_ BASIC PAY \_\_\_\_\_ YEAR OF SERVICE \_\_\_\_\_

YEARS IN CURRENT POST: \_\_\_\_\_ DATE OF ENTRY INTO PERMANENT SERVICE: \_\_\_\_\_

DATE OF APPOINTMENT TO CURRENT POST: \_\_\_\_\_

\_\_\_\_\_

**SECTION C: STUDY INFORMATION**

HAVE YOU OBTAINED NOC FROM UNIVERSITY AUTHORITIES FOR THE ADMISSION YES  NO   
(ATTACH COPY OF NOC)

AREA OF STUDY: \_\_\_\_\_ LEVEL OF STUDY \_\_\_\_\_

EDUCATIONAL INSTITUTION: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ COMMENCEMENT DATE: \_\_\_\_\_

EXPECTED COMPLETION DATE: \_\_\_\_\_ DURATION OF STUDY: \_\_\_\_\_

DID YOU APPLY FOR A SCHOLARSHIP AWARD TO PURSUE THIS PROGRAMME YES  NO

IF YES, WHICH SCHOLARSHIP PROGRAMME?: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE

- Incomplete Form will not be entertained/ accepted.
- The Registrar Office will require at least 15 working days (from the date of receipt in Registrar Office) to settle the duly completed case.



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**SECTION D: TO BE COMPLETED BY THE HEAD OF DEPARTMENT**

1. INDICATE WHETHER YOU SUPPORT THE EMPLOYEE/FACULTY FOR STUDY LEAVE

SUPPORTED  NOT SUPPORTED

IF NOT SUPPORTED, PLEASE INDICATE THE REASONS:

IF SUPPORTED, WHAT ARE YOUR REASONS FOR SUPPORTING THE EMPLOYEE/FACULTY: (tick whichever applicable)

INCREASE EFFECTIVENESS IN THE EXISTING JOB

PROFESSIONAL STIMULATION

Other \_\_\_\_\_

2. DOES THE APPLICANT FULFILS THE MINIMUM REQUIREMENTS FOR STUDY LEAVE  YES  NO

3. INDICATE THE RELEVANCE OF THE STUDY AREA TO THE EMPLOYEE'S ASSIGNED DUTIES:

IF NOT RELEVANT, IS IT RELEVANT TO OTHER DEPARTMENT/OFFICE OF THE UNIVERSITY?  YES  NO

PLEASE EXPLAIN:

4. HOW WILL THIS STUDY BENEFIT YOUR DEPARTMENT/OFFICE OR FACULTY?

5. WHAT ARRANGMENTS WILL YOU MAKE TO ENSURE UTILIZATIONS OF SKILLS/ KNOWLEDGE UPON COMPLETION OF THE COURSE?

6. INDICATE WHETHER REPLACEMENTS ARE PROPOSED AND NATURE OF REPLACEMENT ARRANGEMENTS

NAME: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

SIGNATURE OF CHAIRPERSON/DIRECTOR/HOD \_\_\_\_\_ DATED: \_\_\_\_\_

**SECTION E: REMARKS OF DEAN/ SENIOR REPORTING OFFICER**

RECOMMENDED  NOT RECOMMENDED

SIGNATURE & STAMP: \_\_\_\_\_

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