

PONDICHERRY UNIVERSITY, PONDICHERRY

APPLICATION FOR SABBATICAL LEAVE (PROFORMA – FSM – I)

Sl No	Particulars to be furnished	
1	Name & Designation of the Faculty	
2	Name of the Department & in which school is assigned.	
3	Date of joining in this University	
4	Date of retirement	
5	Date of appointment as Reader /Associate Professor or Professor	
6	No. of years of service in the present cadre in this University	
7	Date on which the sabbatical leave is applied	
8	Period of sabbatical leave applied by the faculty (Not exceeding one year)	
9	Purpose of the Sabbatical leave (Abstract / Blue print of the proposal to be enclosed)	
10	Alternative class arrangement made during the sabbatical leave period.	
11	Details, if faculty accepts a fellowship or a research scholarship or adhoc teaching & research assignment with honorarium or any others form of assistance other than regular employment in an institution of advanced studies	
12	Arrangements made for guidance of Ph.D scholars (No. of Ph.D scholars) 1. 2.	
13	Previous leave taken if any:- Purpose Period Study leave EOL Sabbatical leave	
14	Contact details during the leave period. i) Address. ii) Telephone No./Mobile No. iii) Email iv) Fax	

15	Recommendation of the HOD	
16	Recommendation of the Dean	
17	If, not recommended reason for the same.	

DECLARATION

I hereby declare that all entries in this form, as well as, in attached sheets are true to the best of my knowledge and belief. At any stage, if any, of the information furnished by me is found to be false or incorrect, suitable action may be taken against me. If leave is granted, I promise to abide by the rules and regulations of the Pondicherry University.

Signature of the faculty with date.

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UNDERTAKING

I hereby declare that:-

- i) I shall not take up any regular appointment under another organization in India or abroad during the sabbatical leave period.
- ii) In case, fellowship or a research scholarship, honorarium or any other form of assistance is received by me during the sabbatical leave period, I undertake to inform the same to the University and accept the reduced pay & allowances as per rules, if any as per rules.

Place:

Date:

Signature

Name:

Designation: