## PONDICHERRY UNIVERSITY PUDUCHERRY

## Sabbatical Leave / Academic Leave Application Form for Faculty Members

1. Name & Designation	:		
2. School	:	Dept. :	
3. Date of Joining in this Uni	iversity:		
4. Date of Retirement	<b>:</b>		
5. Date of appointment as Le	ecturer (SG) / Reader / Professo	or:	
6. Whether completed seven whole time teacher in the on the date of application:	years of service as a permaner grade of Lecturer (SG) / Read	nt er / Professor :	Yes / No
or research or other ac object of increasing the	al Leave is to undertake study ademic pursuits solely for the eir proficiency and usefulness igher education system.		Yes / No
b) If so, details			
•			
8. Whether the programme to the sabbatical leave is end	b be followed during closed with this application.		Yes / No
9. Duration of Leave (Not exceeding one year)	:		
10. Details of Sabbatical Lea	ve availed in the past, if any:	•	
11. Study leave availed, if an	y:		
12. EOL availed, if any with	periods:		
13. Contact details during the a) Address:	e leave period.		
b) Telephone:		,	
c) Email:			
d) Fax:			A.
DECLARATION			

- 1. I will not take up any regular appointment under another organization in India or abroad during the period of sabbatical leave.
- 2. I will rejoin the University on the expiry of the leave and submit the report on the nature of studies, search or other work undertaken during leave period.

Signature of the Faculty with date