

Central University of South Bihar

Format for Approval for Orientation/Refresher/Short-term Courses/Seminar

1. Name of the Faculty : _____
2. Designation : _____
3. Date of Joining : _____
4. Status/Date of Confirmation : _____
5. Centre/Department : _____
6. School : _____
7. Name of Course Applied : _____
8. Course applied at (full address) : _____
9. Duration of Course : From _____ to _____
10. Type of Leave applied : _____ Total days _____
11. Total working days during the course : _____
12. Total days of weekly off/holidays : _____

13. Alternate arrangement for Teaching & Other responsibility (with date & time if any) to be undertaken by alternate faculty :

Date	Semester	Period	Alternate Faculty	Signature of Alternate Faculty

14. Details of Seminar/Programme attended earlier :

Period		Name of the Programme	Institute
From	To		

Signature of the Faculty

15. Specific recommendation of HoD : _____

Academic Programmes Coordinator (if applicable)

Head/Head(I/c) of the Centre/Dept.

16. Report about availability of leave with verification of Sl. No. 10 by **Dealing Asstt.** :

Recommended/Not-recommended

Approved / Not-approved

Registrar

Vice-Chancellor