

**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**  
**APPLICATION FOR STUDY LEAVE/SABBATICAL LEAVE/SEMINAR**  
**CONFERENCE LEAVE/OVERSEAS LEAVE – ACADEMIC STAFF WITH**  
**CLINICAL RESPONSIBILITIES AT UHKDU**

- 1. Name of Applicant : .....
- 2. Designation : .....
- 3. Department / Faculty : .....
- 4. Date of 01<sup>st</sup> appointment : .....
- 5. Date of present appointment : .....
- 6. Status of CTHE completion : .....
- 7. Contact No : .....  
E-Mail : .....
- 8. Type of leave required :

Sr. No.	Type of Leave	With Pay ( √ )	No Pay ( √ )
I	Study Leave Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
II	Release for MD Training Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
III	Sabbatical Leave Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
IV	Overseas Leave to attend Seminars / Conferences / and Training Programmes (UGC Circular No: 710)		
V	Personal Overseas Leave		
VI	Other (Please specify)		

- 9. Purpose for which Leave is required (in detail):  
(attach relevant documents)  
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- 10. Date of commencement and termination of leave :  
From : ..... To : .....
- No of days: ..... months..... years .....
- (Full Time/ ..... days per week)

11. Particulars of leave (Section 08 above) taken:  
 (Attach a separate sheet if space provided is not sufficient)

Sr. No.	Period with Dates		No of Days	Type of leave	Purpose	Place
	From	To				
I						
II						
III						
IV						
V						
VI						
VII						
VIII						
IX						
X						
XI						

\* For Vacation/Seminar Conference leave include only the leave taken during current year.

\* If applicant is requesting for lapsed leave should attach a leave summary.

Vacation Leave balance: ..... Seminar/Conference Leave balance: .....

Casual Leave Balance: ..... Study Leave balance: .....

Above details are true and correct

Checked by : .....  
 (Leave clerk)

Certified by: .....  
 Senior Assistant Registrar /  
 Assistant Registrar

12. Particulars of work the applicant proposes to do during period of leave.

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13. Address / Overseas Address of applicant during period of leave:

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14. Arrangements to cover applicant's duties during absence (Attach consent letter separately)

(a) Teaching

(i). Name of the person covering up : .....  
(I agree to cover-up for the duties)

Signature : .....

(b) Clinical duties at UHKDU

(ii). Name of the person covering up : .....  
(I agree to cover-up for the duties)

Signature : .....

(c) Other Work

(iii). Name of the person covering up : .....  
(I agree to cover-up for the duties)

Signature : .....

15. Whether applicant has fulfilled all obligations regarding examinations and teaching work:

(a) Teaching: .....

(b) Examination work: .....

(c) Other work: .....

16. Follow up action that the applicant intends to take on return (if applicable)

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17. Whether expenses during leave are met by the University/applicant/or from any other source :

Give details: .....

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If financial assistance is required for Study leave/ Sabbatical leave/MD Training :

Type of finance assistance required	Amount ( LKR/USD/GBP etc..)
Air Fare	
Course fee (Local Only)	
Any other expenses details to be give	

- ❖ For Air Fare Annex “A” should be filled and attached separately
- ❖ For course fee & other Annex “B” should be filled and attached separately

.....  
Date:

.....  
Signature of the Applicant

TO BE FILLED BY THE LEAVE & AWARDS COMMITTEE:

18. Recommendations of the Head of Department

18 a. Subject areas assigned to the applicant:

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18.b. Whether the post graduate course / research area is relevant to the subject areas assigned to the applicant: (for study leave requirement only)

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.....

18 c. Whether arrangements to cover applicant's work during leave are satisfactory or not:

i. Teaching - .....

ii. Clinical duties at UHKDU - .....

iii. Other work - .....

18 d. Whether the applicant has fulfilled obligations regarding examinations and other work assigned to him/her :

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18 e. Whether the University has to bear an additional expenditure for visiting lecturers covering the applicant's work:

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18 f. Leave is recommended / not recommended.

.....  
Date

.....  
Signature of Head of Department

Name: .....

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19. Recommendation and / or observations of Dean.

( Requested to comment with respect to 18a , 18b, 18c, 18d & 18e)

18 (a & b):.....

18 (c) (i & iii) :.....

18 (d) :.....

18 (e) :.....

Leave is recommended / not recommended.

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Date

.....  
Signature of Dean/Director

Name: .....

20. Observations of Executive Director, UHKDU.  
(Requested to comment with respect to 18 (c) ii )

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Leave is recommended / not recommended.

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Date  
Signature of Executive Director, UHKDU  
Name/ Official stamp: .....

21. Recommendations of Deputy Vice Chancellor (Academic)  
( Requested to comment with respect to 18a , 18b, 18c , 18d & 18e & 19)

18 (a & b):.....  
18 (c) (i & ii) :.....  
18 (d) :.....  
18 (e) :.....

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Date  
Signature of the DVC (Academic)  
Official stamp: .....

22. Observations of Deputy Registrar (Estb.) / Senior Assistant Registrar (Estb.)

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Date  
Signature of DR (Estb.) / SAR (Estb.)/ SAR (Admin)  
Name: .....

23. Observations of the Registrar.

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Date

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Signature of the Registrar

24. Recommendations of Deputy Vice Chancellor (Defence & Administration)  
(Chairman Leave & Awards Committee)

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Date

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Signature of the DVC (Defence & Administration)

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25. **Approval of the Vice Chancellor.**

As per the recommendations made by the Leave and awards committee,  
Leave is approved (subject to approval of the Board of Management/ MOD)  
Leave is not approved due to following reasons.

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Date

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Signature of the Vice Chancellor

**FOR OFFICE USE ONLY**  
(To be filled by the subject Clerk)

BOM Decision (if applicable) - .....

Sent to Legal Division - ..... Date: .....  
(For bond preparation)

Decision conveyed to the applicants - 

Yes	No
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 Date: .....

MOD Approval Granted - Folio No:  Date: .....

.....  
Subject Clerk