



ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY AWANTIPORA, KASHMIR [IUST]

Format for consideration of Study Leave/Extraordinary Leave for CAS Promotion

1. Name : _____
2. Department: _____
3. Designation: _____
4. Appointed vide Order No. _____ dated: _____
5. Date of joining: _____
6. Date of promotion to AGP 7000 (Stage II): (Attach proof)

7. Date of promotion to AGP 8000(Stage III): (Attach Proof)

8. Complete details of Leave period (Attach proof):
 - a) Type(s) of leave availed: _____

 - b) Duration of leave(s):
 - i) _____
 - ii) _____
 - iii) _____
9. Stage of promotion affected by the above leave(s): _____
10. Actual delay period: _____

Name:

Signature:

Dated:

Remarks/Recommendations of the Committee with respect to the advancement of the date(s) of the previous promotion granted:

- a) Dr./Mr./Ms./Mrs. _____ fulfils/does not fulfil the requisite eligibility requirements for revising his/her date of promotion.
- b) The revised date of promotion to Stage _____ /Academic Level _____ is:
_____.