



# The Sanskrit College and University

1, Bankim Chatterjee Street, Kolkata 700073 | E-mail: regoffice.scu@gmail.com

[Established by the Act No. XXXIII of 2015; Vide W.B Govt. Notification No 187-L, Dated- 19.02.2016]  
<https://www.sanskritcollegeanduniversity.ac.in>

Memo No: EST/R.O/SCU/042(Notice)/2025/0793

Dated:09.10.2025

## Notification

### Re: Leave Application

All the regular employees of The Sanskrit College and University are requested to take note that any kind of Leave Application has to be submitted to the Registrar through their respective HoDs/Coordinators for granting leave applied for.

Half-Pay Leave/Full Pay Leave on medical ground may be granted on production of a Certificate from a qualified registered medical practitioner.

In case of Earned Leave for twenty days (20) or more, an employee must submit leave application at least 07(seven) days prior to the date on which the concerned employee proposes to proceed on such leave and prior sanction should be obtained before leaving station and/or proceeding on leave.

Any kind of leave, as admissible, will be treated as unauthorized if prior sanction of Leave ( excepting certain emergency situation) is not obtained.

The Leave Rules as prescribed by Memo Nos. 44-Edn(U) dt. 28.01.2008 and 524-Edn(U) dt. 23.06.2000 and the memos issued by the Higher Education Department, University Branch, Govt. of West Bengal from time-to-time will be applicable for all whole-time teachers, whole-time officers and other whole-time non-teaching employees from the date of issuance of this notification.

N.B: Application Form in prescribed format is attached.

*S. Banerjee*

Registrar

Registrar  
The Sanskrit College and University  
Kolkata, West Bengal

**Leave Application**

To

The Registrar  
The Sanskrit College and University  
1, Bankim Chatterjee Street  
Kolkata-700073

Forwarded

.....  
Signature with date  
(HoD/Coordinator)

Sir,

Kindly grant me.....day(s).....leave(Name of  
Leave) on account of.....  
.....  
.....

.....  
Signature of the employee with date  
Full Name:

Present Designation:

Department:

**Leave Account (For Official Use):**

| Type of Leave    | Leave at credit as<br>on 31 <sup>st</sup> December<br>of previous year | Leave applied for<br>.....days | Leave at credit as<br>on the date of<br>application | Remarks |
|------------------|------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|---------|
| Casual Leave     | N.A                                                                    |                                |                                                     |         |
| Earned Leave     |                                                                        |                                |                                                     |         |
| HPL/FPL          |                                                                        |                                |                                                     |         |
| Maternity Leave  |                                                                        |                                |                                                     |         |
| Child Care Leave |                                                                        |                                |                                                     |         |
| Other Leave      |                                                                        |                                |                                                     |         |

Prepared by:

Granted

(Registrar)