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Ghani Khan Choudhury Institute of Engineering & Technology

(Centrally funded Institute and Established by Ministry of H.R.D., Govt. of India.)

Office: GKCIET, Vill & Post: Kotwali, Dist: Malda, Pin- 732144, West Bengal

Memo No: GKCIET/ 120

Date: 18.08.2017

Circular

I am directed to inform all employees of the institute that henceforth the following procedures must be followed for availing different kinds of leave admissible to the employees:

1. CL/RH/EL/HPL/Child Care Leave/Paternity Leave/Maternity Leave/Compensatory leave & other leave (If any) must be applied in the prescribed format through the concerned HoD/HoS as early as possible before proceeding on leave.
2. In case the leave of absence of any employee requires going out of Malda town, permission must be taken/applied for before leaving station in the prescribed format.
3. Leave sanctioning authority for CL/RH/Compensatory leave is the HoD/HoS of the concerned department/section. However, if leave of absence from Malda town is required in such a case, he/she must take station leave permission by applying in the prescribed format.
4. Concerned HoDs/HoS' will have to maintain this leave records and send information to Admin. & Establishment Section and Director Office.
5. Leave sanctioning authority for all other kinds of leave including Duty Leave and Special Casual Leave is the Director.
6. Record of all kinds of leave will also be maintained centrally at Admin & Establishment Section.

This supersedes all other earlier orders on this matter.

Encl: All Leave Formats


(Md. Abdur Rajjaque)
Asst. Registrar (A&E)

Copy to:

1. All HoDs/HoS with request to inform the employees under their kind control.
- ✓ 2. System Manager with request to upload the same on institute portal.
3. All Notice Boards of Institute
4. Director Office
5. Office File

GHANI KHAN CHOUDARY INSTITUTE OF ENGINEERING AND TECHNOLOGY

Regd. Office: Vill & P.O: Kotwali, Dist. Malda, Pin No. 732144, West Bengal

Campus Office: Narayanpur, Malda, Pin No: 732141, West Bengal

Application for Casual leave/Restricted Holiday/Compensatory leave.

1. Name :
2. Designation :
3. Dept. /Section :
4. Number of days leave
availed earlier. :
5. Number of days leave in credit :
6. Number of days required :
7. Ground :
8. Date of station leave (if any) :

Date:

.....
Signature of applicant

Remarks of section-in-charge:

Date:

.....
Signature of section I/c

Approved / not approved

Date:

.....
Signature of approval authority

Designation:

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THE SECOND SCHEDULE.

(SEE RULE 3(H)

FORM-I

(See Rule-14)

APPLICATION FOR EL/CCL/PL/ML/SCL/DL OR FOR EXTENSION OF LEAVE

1. Name of Applicant :
2. Post held :
3. Department, Office and Section :
4. Pay :
5. House Rent and other Compensatory Allowances drawn in the present post :
6. Nature & Period of Leave applied for and date From which required :
7. Sundays & Holidays, if any, proposed to be Prefixed/suffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave, and the nature And period of that leave :
10. I propose/do not propose to avail myself of Leave travel concession for the block years :
11. During the ensuing leave :
11. Address during leave period :

Signature of Applicant
(with date)

12. Remarks and/or recommendation of the Controlling Officer

Signature (with date)
Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that (nature of leave) for (period) from..... to is admissible under Rule of the Central Civil Services (Leave) Rules, 1972.

Signature (with date)
Designation

14. Orders of the authority competent to grant leave :

Signature (with date)
Designation

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APPLICATION FOR HALF PAY LEAVE OR FOR EXTENSION OF LEAVE

1. Name of Applicant :
2. Post held :
3. Department, Office and Section :
4. Pay :
5. House Rent and other Compensatory Allowances drawn in the present post :
6. Nature & Period of Leave applied for and date From which required :
7. Sundays & Holidays, if any, proposed to be Prefixed/suffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave, and the nature And period of that leave :
10. I propose/do not propose to avail myself of Leave travel concession in the block years during the ensuing leave.
11. (a) I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and that admissible leave on half average pay half leave, which would not have been admissible had the provision to F.R.81(b)(II) Rule II(c) (III) of the revised Leave Rules, 1933 not been applied in the event of my retirement from service at end or during the currency of the leave.

(b) I undertake to refund leave salary drawn during leave not due which would not have been admissible had F.R.81 (c) Rule 11(d) of the Revised Leave Rule 1933 not been applied, in the event of my voluntary retirement or resignation from service at any time I until earn half pay leave not less than the amount of leave not due availed of by me.

Date:

Signature of applicant:

12. Remarks and or recommendation of the Controlling Officer

Date:

Signature:

Designation:

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that (nature of leave) for (period) from to is admissible under Rule of the Central Civil Services (Leave) Rules, 1972.

Signature (with date):

Designation :

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APPLICATION FOR STATION LEAVE

1. Name :
2. Designation/Section :
3. Types of leave already approved and (Nos. of days) please attached a copy of Sanction letter. :
4. Station leave required :
- (i) Date & Time of Departure :
- (ii) Date & Time of Arrival :
6. Purpose of leave :
7. Teaching load arrangements made during leave of the Faculty member :
8. Arrangement made for other Responsibilities (In case of Dean/ Warden/Chief Warden/HOD/ Chairman/Co-Ordinator/Lab I/c etc. :
9. Consent of Substitutes :

Date:

.....
Signature of applicant

10. Station leave Recommended/Not Recommended

Date:

.....
Signature of the HOD

Decision of the Sanctioning Authority Station leave Granted/Not granted

Date:

Signature:

Follow up Action by the Concerned Branch.

CHILD CARE LEAVE ACCOUNT

Period of Child Care Leave taken		Balance of Child Care Leave		Signature and Designation of the certifying officer
From	To	Balance	Date	
1	2	3	4	5

FORM-3
[See Rule 19]

MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED LEAVE OR
EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government Servant

I, after careful personal examination of the case hereby
certify that Shri/Shrimti /Kumari whose signature is given
above, is suffering from and I consider that a period of
absence from duty of with effect from is
absolutely necessary for the restoration of his/her health.

.....
Authorized Medical Attendant

Dated:.....

Note 1: Deleted.

Note 2: This form should be adhered to as closely as possible and should be filled in
after the signature of the Government servant has been taken. The certifying
officer is not at liberty to certify that the Government servant requires a change
from or to a particular locality or that he is not fit to proceed to a particular
locality. Such certificates should only be given at the explicit desire of the
administrative authority concerned to whom it is open to decide, when an
application on such grounds has been made to him, whether the applicant
should go before a Civil Surgeon/Staff Surgeon/Authorized Medical Attendant
to decide the question of his/her fitness for service.

Note 3: No recommendation contained in this certificate shall be evidence of a claim to
any leave not admissible to the Government servant.

FORM-4
[See Rule 19]

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government Servant

I, after careful personal examination of the case hereby certify that Shri/Shrimti /Kumari whose signature is given above, is suffering from and I consider that a period of absence from duty of with effect from is absolutely necessary for the restoration of his/her health.

.....
Authorized Medical Attendant

Dated:.....

Note 1: The nature and probable duration of the illness should be specified.

Note 2: This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before an Authorized Medical Attendant to decide the question of his/her fitness for service.

Note 3: Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both a regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the Government servant to appear before himself or before a Medical Officer nominated by himself.

Note 4: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.

FORM-5
[See Rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant

We, the members of Medical Board

I, Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant, } of
Registered Medical Practitioner }

do hereby certify that we/I have carefully examined Shri/Shrimati/Kumar
whose signature is given above, and find that he/she recovered from his/her illness and is now
fit to resume duties in Government service. We/I also certify that before arriving at this decision
we/I have examined the original medical certificate(s) and statement(s) of the case (or certified
copies thereof) on which leave was granted or extended and have taken these into consideration
in arriving at our/my decision.

Members of the Medical Board

(1)

(2)

(3)

Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant,
Registered Medical Attendant

Dated:

Note. The original medical certificate(s) and statement(s) of the case on which the leave was
originally granted shall be produced before the authority required to issue the above certificate.
For this purpose, the original medical certificate(s) and statement(s) of the case should be
prepared in duplicate, one copy being retained by the Government servant concerned.