

**GRANT OF
STUDY LEAVE
TO TEACHERS**

**TRINITY INSTITUTE OF PROFESSIONAL STUDIES
SECTOR -9, DWARKA, NEW DELHI-110075**

Academic Leave Policy for Pursuing Higher Studies and Participating in Seminars/Workshops, Conferences & FDP's, Orientation Programmes etc.

1. The Institute will assist all faculty appointed on regular basis for pursuing higher studies and for participating in academic conferences/seminars/workshops, Orientation programmes etc.

Faculties who have served minimum two years in the institute are eligible to avail this policy, subject to the following conditions :

- a) A regular faculty members who have completed 2-4 years of service can avail leave upto 3 months, provided that they will serve the institute for 2 years after availing.
- b) A regular faculty members who have completed 4-6 years of service, can avail leave maximum upto 12 months, provided that they will serve the institute for 3 years after availing
- c) A regular faculty members who have completed more than 6 years of service, can avail leave upto 30 months, provided that they will serve the institute for 5 years after availing.

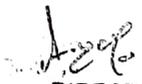
2. A regular faculty, whose paper has been accepted for presentation in a conference/seminar/workshop/symposium etc., is entitled to the grant of participation fee as per institute rules.

3. The participating faculty will be provided TA/DA as per rules of the Institution.

4. A duly filled in proforma along with the certificate from the organizers regarding presentation of paper and photocopy of receipt of Registration fee paid may be furnished to the Director of the Institute to obtain reimbursement of amount spent for attending seminar/conference/workshop/symposium, etc.

5. The yearly budget of all the departments will be fixed by Management. Allowing any faculty/staff for attending any seminar/Workshop/FDP, MDP or higher studies are at the sole discretion of the management.


DIRECTOR
Trinity Institute of Professional Studies
(Adj) Metro Pillar No. 1160, Institutional Area
Sector-9, Dwarka, New Delhi-110075


DIRECTOR
Trinity Institute of Professional Studies
(Adj. Metro Pillar No. 1160), Institutional Area
Sector-9, Dwarka, New Delhi-110075

Name Ravi/ma Samolra Department BA(JMC)

Leave applied for (i) From 24/4/25 to 26/4/25
(ii) No. Of Days 3

Nature of Leave Casual / Medical/ SCL/ GGSIPU Exam Duty/ Compensatory/ Vacation leave/ Any other Prd.
Reason for taking leave Prd. Examination

Details of Teaching/Assignment during leave period and its arrangement:

DAY /DATE	TIME	CLASSES	LECTURES ARRANGEMENT		LECTURES SUBSTITUTION	
			FACULTY	SIGN	CLASS	TIME
24/4/25	10:50-11:45		Ms. Ajay J	[Signature]		
24/4/25	2:10-3:05		Ms. Ajay J	[Signature]		
25/4/25	No classes.					
26/4/25	No classes.					

Address and contact no. while on leave 8860119260
Signature of HOD/ CC: [Signature]

For Administrative support staff Name & signature of the person who shall undertake the responsibility Dr. Ruchika.

Date 17/4/25 Signature of the Applicant [Signature]

(FOR OFFICE USE ONLY)

Type of Leave	Leave Due	Leave Taken	Leave Balance
CL/MED/SCL/Comp off			
LWP/Any Other/O D			

Applied as per Leave rules (YES/ NO)
A.I. _____

Before taking approval for leave, Faculty must fill the details in the substitution register for classes.
(Yes/ No) [Signature]

(For leave beyond 2 days)
Dr. R. K. Tandon
Chairman

(Leave I/C)
Ms. Bharti

(For leave upto 2 days)
Director

*forwarded to
Chairman
[Signature]
17/4/25*

Name _____ Department _____

Leave applied for (i) From _____ to _____
(ii) No. Of Days: _____

Nature of Leave : Casual / Medical/ SCL/ GGSIPU Exam Duty/ Compensatory/ Vacation leave/ Any other
Reason for taking leave: _____

(FOR OFFICE USE ONLY)

Type of Leave	Leave Due	Leave Taken	Leave Balance
CL/MED/SCL/Comp off			
LWP/Any Other/O D			

Applied as per Leave rules (YES/ NO)
A.I. _____

Before taking approval for leave, Faculty must fill the details in the substitution register for classes.
(Yes/ No) _____

(For leave beyond 2 days)
Dr. R. K. Tandon
Chairman

(Leave I/C)
Ms. Bharti

(For leave upto 2 days)
Director

Note: All the staff members must ensure to get prior approval before taking any leave except medical/ emergency leave.

[Signature]
DIRECTOR
Trinity Institute of Professional Studies
(Adj). Metro Pillar No. 1160), Institutional Area
Sector-9, Dwarka, New Delhi-110075

JAIPUR NATIONAL UNIVERSITY

School of Media Studies

Course Work Examination-April 2025

Date Sheet

Sl. No.	Name of Paper	Date	Morning Shift	Evening Shift
1	Research Methodology and Computer Application	25-04-2025	09:30-12:30	
2	Research Ethics	25-04-2025		01:30-04:30
3	Journalism and Mass Communication	26-04-2025	09:30-12:30	
4	Publication and Seminar	26-04-2025		01:30-04:30



Ph.D. Coordinator
School of Media Studies



Director
School of Media Studies



DIRECTOR
Trinity Institute of Professional Studies
GATEWAY TO KNOWLEDGE
Sector 13, Jaipur, 302015, India



TRINITY INSTITUTE OF PROFESSIONAL STUDIES
LEAVE APPLICATION FORM

Name: NIKITA ANAND Department MANAGEMENT

Leave applied for (i) From 25/4/25 to 30/4/25
(ii) No. Of Days: 5 days

Nature of Leave : Casual / Medical/ SCL/ GGSIPU Exam Duty/ Compensatory/ Vacation leave/ Any other
Reason for taking leave: Ph.D VIVA

Details of Teaching/Assignment during leave period and its arrangement:

DAY /DATE	TIME	CLASSES	LECTURES ARRANGEMENT		LECTURES SUBSTITUTION	
			FACULTY	SIGN	CLASS	TIME

Forwarding for consideration

Address and contact no. while on leave: MUZAFFARPUR 2 9654792795

Signature of HOD/ CC: [Signature]

For Administrative support staff Name & signature of the person who shall undertake the responsibility: Ms. Vanshika

Date: 22/4/25

Signature of the Applicant: [Signature]

(FOR OFFICE USE ONLY)

Type of Leave	Leave Due	Leave Taken	Leave Balance
CL/MED/SCL/Comp off			
LWP/Any Other/O.D			

Applied as per Leave rules (YES/ NO)
A.I. _____

Before taking approval for leave, Faculty must fill the details in the substitution register for classes. (Yes/ No)

Forwarded to checking side
[Signature]
21/4/25

(For leave beyond 2 days)
Dr. R. K. Tandon
Chairman

(Leave I/C)
Ms. Bharti

(For leave upto 2 days)
Director

Name _____ Department _____

Leave applied for (i) From _____ to _____
(ii) No. Of Days: _____

Nature of Leave : Casual / Medical/ SCL/ GGSIPU Exam Duty/ Compensatory/ Vacation leave/ Any other
Reason for taking leave: _____

(FOR OFFICE USE ONLY)

Type of Leave	Leave Due	Leave Taken	Leave Balance
CL/MED/SCL/Comp off			
LWP/Any Other/O.D			

Applied as per Leave rules (YES/ NO)
A.I. _____

Before taking approval for leave, Faculty must fill the details in the substitution register for classes. (Yes/ No)

(For leave beyond 2 days)
Dr. R. K. Tandon
Chairman

(Leave I/C)
Ms. Bharti

(For leave upto 2 days)
Director

Note: All the staff members must ensure to get prior approval before taking any leave except medical/ emergency leave.

[Signature]
DIRECTOR
Trinity Institute of Professional Studies
(Adj): Metro Pillar No. 1160), Institutional Area
Sector-9, Dwarka, New Delhi-110075

Prof. (Dr.) Md. Imteyaz Hassan

Head & Dean



Campus

College of Commerce Arts & Science

Kankarbagh, Patna- 800 020

Email : imteyaz1166@gmail.com

Mob. No: 9471863414

Ref. :

Date 21.4.25

To
The Controller of Examinations
BRA Bihar University
Muzaffarpur

Sub : Ph.D. Viva-Voce of Nikita
Anand in the Dept. of Commerce

Sir, Please refer to your letter NO. C/171 dated 19.02.25. Kindly fix the aforesaid viva-voce on 29.04.25 (Tuesday) and inform me.

Thanking you.

Yours Sincerely,

21.4.25

(Head & Dean)