

**DOCUMENTARY
EVIDENCE OF
GRANT OF STUDY
LEAVE TO
TEACHERS WITH
FULL PAY FOR
FACULTY TO
PURSUE HIGHER
STUDIES**

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. 11601 Institutional Area
Sector-9 Dwarka, New Delhi-110075


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TRINITY INSTITUTE OF PROFESSIONAL STUDIES
LEAVE APPLICATION FORM

Name : Ranishma Sametia 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 Phd.
Reason for taking leave: Phd. 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			
24/4/25	2:10-3:05		Ms. Ajay			
25/4/25	No classes.					
26/4/25						

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
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.

DIRECTOR
Trinity Institute of Professional Studies
(Adj. Main 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

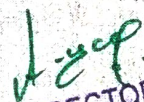
Sl. No.	Name of Paper	Date	Morning Shift	Evening Shift
1	Research Methodology and Computer Application	25-04-2025	09:30-12:30	
2	Research Ethics	25-04-2025		01:30-04:30
3	Journalism and Mass Communication	26-04-2025	09:30-12:30	
4	Publication and Seminar	26-04-2025		01:30-04:30



Ph.D. Coordinator
School of Media Studies



Director
School of Media Studies



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



**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

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)

(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.

DIRECTOR
Trinity Institute of Professional Studies
(Adj. Metro Pillar No. 1100, Institutional Area)
Sector-9, Dwarka, New Delhi

Forwarding for consideration

Forwarded to Chairman Sir
[Signature]
21/4/25

[Signature]

Prof. (Dr.) Md. Imteyaz Hussain
Head & Dean



College of Commerce Arts & Science
Patilputra, Patna- 800 020
Email: universityofcommercepatna@gmail.com
Web: www.universityofcommercepatna.com

Ref: universityofcommercepatna@gmail.com

Date: 21.4.25

To The Controller of Examinations
BRA Bihar University
Muzaffarpur

Sub: Ph.D. viva-voce of Nikita
Grand 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 (Sunday)
and inform me.

Thanking you.

Yours Sincerely

Dr.
DIRECTOR
Faculty Institute of International Studies
SAB, Patna, Bihar-800 020
Contact: 98550 22222, 98550 22223

21.4.25
(Head & Dean)