Date…………………

Vice Chancellor

Through

Dean/Librarian

Faculty of ……………………………………………

Through

Head

Department of ………………………………………

Dear Sir/Madam,

**Notice of Resumption of duties**

This is to inform that I have resumed duties on ……………………………………… after Study Leave/ Sabbatical leave/Training/Conference & Seminar/Vacation Leave/Medical leave.

Signature ……………………………………………………………………….

Name ……………………………………………………………………….

Designation ……………………………………………………………………….

**For use of the Establishments Division**

1. Leave & Awards Minute Ref. ……………………………………………………
2. Period of leave granted ……………………………………………………
3. Leave category ……………………………………………………
4. Period of overstay (if any) ……………………………………………………
5. Remarks ……………………………………………………

………………………………… ……………………………….

Subject Clerk Date

…………………………………… ……………………………….

Senior Assistant Registrar Date