



UNIVERSITY OF GOUR BANGA

[Established under the West Bengal Act. XXVI of 2007 and Recognized U/S 2(f) & 12(B) of the UGC Act]

Office of the Registrar

★ Phone: 03512-223664 ★ URL: www.ugb.ac.in

P.O.: Mokdumpur, Dist.: Malda, Pin – 732 103, West Bengal, India

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Ref. No.: 023/UGB/DR-26

Date: 09.01.2026

OFFICE ORDER

In compliance with the directions of the Hon'ble Vice-Chancellor and in pursuance of the resolution adopted in the meeting held with all Deans of the Faculty Council of Post-Graduate Studies, all Heads/Coordinators of PG Departments and all Officers of the University on 18.12.2025 (vide Ref. No.: 528/UGB/R-25 dated 12.12.2025), the undersigned is directed to notify the following decisions for compliance by all concerned relating to submission and processing of various leave applications with immediate effect.

- 1. Submission of Leave Applications:** All leave applications, whether submitted in hard copy or through official email, shall be submitted strictly in the prescribed format and shall reach the Office of the Registrar through proper channel in advance of the proposed leave period. The prescribed Leave Application Proforma can be downloaded from the official University website.
- 2. Submission of Leave Applications for Duty Leave/ Special Casual Leave:** Applications for Duty Leave duly forwarded and recommended by the concerned Coordinator/Head of the Department and the respective Dean, along with all relevant supporting documents, shall be routed through the Office of the Registrar and submitted to the Office of the Hon'ble Vice-Chancellor well in advance. It is further notified that Duty Leave shall not impede academic and/or official activities, and prior approval of the competent authority shall be mandatory in all cases.
- 3. Maintenance of Leave Records:** All Leave Registers of the University shall be maintained centrally in the Office of the Registrar.
- 4. Intimation of Leave by Officers:** All Officers of the University shall mandatorily inform the Hon'ble Vice-Chancellor, through proper channel, in advance, regarding any leave or absence from duty.
- 5. Arrangement during Leave of Coordinator/Head of Department:** During the period of leave of a Coordinator or Head of the Department, the charge of day-to-day departmental activities shall be handed over to the senior-most faculty member of the concerned department, or to the Dean, wherever so required. Such arrangement shall be intimated in writing or through official email to the Office of the Registrar through proper channel, in advance.
- 6. Arrangement during Leave of Dean:** During the period of leave of a Dean, the charge of day-to-day faculty-related activities shall be handed over to the senior-most faculty member of the concerned Faculty. Prior intimation of such arrangement shall be communicated in writing or through official email to the Hon'ble Vice-Chancellor through proper channel.

The University leave rules shall be available in the University Website.

In this regard, all concerned are kindly requested to submit their leave applications, in cases where a hard copy is not submitted, through email strictly to the designated official email ID leave@ugb.ac.in, in the prescribed format and through the proper administrative channel. Applications sent to any other email address, submitted in formats other than that prescribed, or not routed through the proper channel shall not be considered.

This Office Order shall come into force with immediate effect.

All the Head of Academic and Administrative Departments are requested to circulate the office order and kindly disseminate the information among all concerned.


DEPUTY REGISTRAR (A/c)
UNIVERSITY OF GOUR BANGA
MALDA (W.B.)

(Dr. Rajib Patitundi)

Deputy Registrar (Addl. Charge)

Copy forwarded to:

1. The PA to the Vice-Chancellor for kind information to the Hon'ble Vice Chancellor, UGB.
2. The Deans, All Faculty Councils of Post Graduate Studies, UGB.
3. The Registrar, UGB.
4. All Heads/Coordinators, PG Departments, UGB.
5. All Officers, UGB.
6. Office File.
7. University Website.



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CASUAL LEAVE (CL) APPLICATION **(For Teachers & other Employees)**

1. Name of Employee:

2. Name of Office/Department:

3. Designation:

4. Casual Leave Required (in days):

5. Date(s) of Casual Leave:

6. Reason for Casual Leave:

7. Number of Casual Leave already availed in this year (in days):

8. Total Casual Leave remain at credit (in days) before the sanction of the Leave:

.....

(Signature of Employee)

Forwarded by the Head of the Academic/Administrative Department:

Remarks of the Registrar	Signature of the Registrar
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[Note: Leave applications submitted by email must be sent only to leave@ugb.ac.in in the prescribed format. Applications sent to any other email address shall not be considered]



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CASUAL LEAVE (CL) APPLICATION **(For Officers)**

1. Name of Employee:

2. Name of Office/Department:

3. Designation:

4. Casual Leave Required (in days):

5. Date(s) of Casual Leave:

6. Reason for Casual Leave:

7. Number of Casual Leave already availed in this year (in days):

8. Total Casual Leave remain at credit (in days) before the sanction of the Leave:

.....
(Signature of Employee)

Forwarded by the Head of the Administrative Department:

Forwarded by the Registrar:

Approved/Not Approved

Vice Chancellor

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EARNED LEAVE (EL) APPLICATION

(For Teachers & other Employees)

1. Name of Employee:

2. Name of the Department/Office:

3. Designation:

4. Earned Leave Required (in days):

5. Date(s) of Leave:
(Saturday/Sunday/Holidays to be
prefixed/suffixed should be indicated)

6. Reason for Earned Leave:

7. Address while on leave:

8. Total Earned Leave remain at credit at the beginning [1st January/1st July] (in days):

9. Number of Earned Leave already availed (in days) in current half yearly session:

10. Total Earned Leave remain at credit (in days) before the sanction of the Leave:

.....
(Signature of Employee)

Forwarded by the Head of the Academic Department:

Remarks of the concerned Dean of Faculty	Remarks of the Registrar
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EARNED LEAVE (EL) APPLICATION

(For Officers)

1. Name of Employee:

2. Name of the Department/Office:

3. Designation:

4. Earned Leave Required (in days):

5. Date(s) of Leave:
(Saturday/Sunday/Holidays to be
prefixed/suffixed should be indicated)

6. Reason for Earned Leave:

7. Address while on leave:

8. Total Earned Leave remain at credit at the beginning [1st January/1st July] (in days):

9. Number of Earned Leave already availed (in days) in current half yearly session:

10. Total Earned Leave remain at credit (in days) before the sanction of the Leave:

.....
(Signature of Employee)

Forwarded by the Head of the Administrative Department:

Forwarded by the Registrar:

Approved/Not Approved

Vice Chancellor

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DUTY LEAVE / SPECIAL CASUAL LEAVE APPLICATION (For Teachers)

1. Name of Employee:

2. Name of Office/Department:

3. Designation:

4. Duty Leave Required (in days):

5. Date(s) of Duty Leave:

6. Reason for Duty Leave:

7. Number of Duty Leave already availed (in days):

8. Total leave remain at credit (in days) before the sanction of the Leave:

.....
(Signature of Employee)

Forwarded and recommended by the Head/Coordinator of the Academic Department:

Forwarded and recommended by the concerned Dean of Faculty:

Forwarded by the Registrar:

Approved/Not Approved

Vice Chancellor

*All supporting documents are required to be attached.

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HALF PAY LEAVE (MEDICAL LEAVE) APPLICATION **(For Teachers & other Employees)**

1. Name of Employee:

2. Name of Office/Department:

3. Designation:

4. Half Pay (Medical) Leave Required (in days):

5. Date(s) of Half Pay (Medical) Leave:

6. Number of Half Pay (Medical) Leave already availed (in days):

7. Total Half Pay (Medical) Leave remain at credit (in days) before the sanction of the Leave:

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(Signature of Employee)

Forwarded and recommended by the Head/Coordinator of the Academic Department:

Forwarded by the Registrar:

*All supporting documents along with fit certificate issued by the Registered Medical Practitioner are required to be attached at the time of submission of joining report.

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HALF PAY LEAVE (MEDICAL LEAVE) APPLICATION **(For Officers)**

1. Name of Employee:

2. Name of Office/Department:

3. Designation:

4. Half Pay (Medical) Leave Required (in days):

5. Date(s) of Half Pay (Medical) Leave:

6. Number of Half Pay (Medical) Leave already availed (in days):

7. Total Half Pay (Medical) Leave remain at credit (in days) before the sanction of the Leave:

.....
(Signature of Employee)

Forwarded and recommended by the Head of the Administrative Department:

Forwarded by the Registrar:

Approved/Not Approved

Vice Chancellor

*All supporting documents along with fit certificate issued by the Registered Medical Practitioner are required to be attached at the time of submission of joining report.

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