## **Certificate**

It is to certify that I	Designation:	, School of
, Faculty	of,	have performed the duties
(classes/ examination	/ other official work) as per tir	me-table / schedule / date sheet / notice,
etc. as assigned to me by the H	lead of the School during	the vacation period;
&	in the Calendar year	2020 (Summer – June 2020 / Winter-
Dec, 2020) & Calendar year 2021 (Su	mmer –June 2021) respectively	7.
In view of the above, it is requested the	at Earned Leaves in lieu of pe	erforming duties during vacation period,
may kindly be credited in my leave acc	ount.	
		Signature of the Faculty Member
		Dated:, 2021
Verification:		
It is vanified that the	dataila muoridad hrv l	Da Ma Ma
		Dr./Mr./Ms.
	School of	
		ade are verified with School / Office
		official work, (may specify details if
-		assigned to him/her during the vacation
		_ in the Calendar year 2020 (Summer –
June 2020 / Winter- Dec, 2020) & Cale	endar year 2021 (Summer –Jur	ne 2021) respectively.
T ' Cal 1 ''		
·		u of performing duties during vacation
period, as per rules, may kindly be cred	lited in his/her leave account.	
		Signature of Head of the School
		Dated:, 2021
Recommended for consideration and consideration	rediting of Earned Leaves as pe	er rules.
		Signature of Dean of Faculty
		Dated: 2021