**Revised Format**

**Format for sending information regarding duty performed by faculty members during vacation**

Name of Academic Department/Centre:

Name of School:

Name of the vacation (pl. tick): Winter / Summer, Year: ………………………

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| **Sl**. **No.** | **Name of the faculty member** | **Designation** | **Vacation availed \*** | **Period of Duty assigned / allotted during vacation \*** | **Description of the assignment** |
| From | To | From | To |
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**\*** Faculty members shall avail maximum 30 days summer vacation during **June 16 and July 21, 2019** with recommendation of the head of the concerned School/Department /Centre and approval of the University.

Signature of the HoD/HoC:

Date :

 Counter signature of the Dean:

Date :