

**Form No.2**

**Details regarding the prevention of vacation of teachers in the University Department of \_\_\_\_\_ during the year \_\_\_\_\_ (from April 15 to June 15)**

1	2	3	4	5	6	7	8
Sl.No	Name & Designation of the Teacher	Period of vacation prevented	No. of days of vacation prevented	Details of duty leave/special casual leave/eligible leave other than casual leave availed of during the vacation prevented.	Details of CV camp duty/participation in the orientation Programme/ Refresher course, Seminars, etc. during the vacation prevented.	Purpose for which the vacation is prevented (Nature/quantum of work/working hours per day)	Total working hours per week during the vacation prevented

Place  
Date :

Office seal

Name & Signature of HOD