



ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ

THE MALDIVES NATIONAL UNIVERSITY

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ  
ސަރުކާރުގެ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ

Academic Staff Application for Study Leave

Your Personal Details

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

Full name	<input type="text"/>	ޖުމްހޫރީ ނަންމު	
Record Card Number	<input type="text"/>	ރިކޯޑް ކާޑް ނަންބަރު	Designation
Contact Phone Number	<input type="text"/>	މުޢާމިލާތު ފޯން ނަންބަރު	Faculty/Center/Campus
			ފެކުލްޓީ/ސެންޓަރ/ކެމްޕަސް

About the Course/Training/Conference or Purpose of visit

ކޯޝަރު/ކޮންފަރެންސް/ޓްރެއިނިންގް/އެއްސެޕްޓްޕްމެންޓް ގެ ބަޔާން

Course/Conference/Training Name:	<input type="text"/>		
Curriculum	<input type="text"/>	ޕްރޮގްރާމް/ކޯޝަރު	Country
Level	<input type="text"/>	ނިފަލު	Mode
			ފޯމް

Educational Qualification/Trainings

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

Institution/Examining Body	Detail of Qualification or Training	Start Date	End Date	Level

Leave Preference

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

<input type="checkbox"/>	120 Days ( Last year of Study)	<input type="checkbox"/>	40 Days per Year (Max. upto 3 years)
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Declaration

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

1. I declare that all the information given in this form is accurate and true to the best of my knowledge.

2. I understand that approval of leave is subject to confirmation of entitlement.

3. I understand that leave is not effective until leave shit is issued.

Date:  :

Signature:  :

Approval

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

To be filled by the Faculty / Centre

Request for Training is  ފުރިހަމަކުރެއްވުމަށް ދަންނަވާލާ ބަޔާން

Approved  ފުރިހަމަކުރެއްވުމަށް ފަސޭހަވާ

Not approved  ފުރިހަމަކުރެއްވުމަށް ފަސޭހަވާ ނުވާ

Head of the Faculty/Centre/Supervisor

Date:  :

Signature

Stamp

Please Apply the following with this Form

އިތުރު ފަޢުލާތު ފުރިހަމަކުރެއްވުމަށް

1. ފުރިހަމަކުރެއްވުމަށް ފަސޭހަވާ ނުވާ ނަމަ ސަރުކާރުގެ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ

2. ފުރިހަމަކުރެއްވުމަށް ފަސޭހަވާ ނުވާ ނަމަ ސަރުކާރުގެ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ ޖުމްހޫރީ

ACTION COMPLETED – OFFICE USE ONLY

Received by:	Date:	Time:	Form complete: Yes / No
Date staff notified of result:	Letter reference:	Record amended by:	Date: