



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
ފޯން: 3344093, 3345405, 3345406

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

Application for No Pay Leave

Your personal details

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

Full name	<input type="text"/>		މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
Permenant Address	<input type="text"/>		މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
Current Address	<input type="text"/>		މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
Record Card Number	<input type="text"/>	National ID Card No	މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
Contact Phone Number	<input type="text"/>	Designation	މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
Faculty/Center/Campus	<input type="text"/>		މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

Type of No Pay Leave

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

Documentary evidence will be needed for all leaves

No pay Leave for special circumstance No pay Leave for full-time education

No pay Leave for Pre / Post Maternity No pay Leave for Medical Purpose

No. of Working Days Date to (Inclusive) Date from (Inclusive)

Please mention below the reason applying for Leave

Declaration

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

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 leave will be approved based on the HRM committee decision

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

Date Signature

Please Check You have filled in all necessary details

You are submitting required documents as evidence

Approval

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

To be filled by the faculty/Center/Campus

Head of the Faculty/Centre	Entry
Name: <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	
Signature: <input type="text"/>	

ACTION COMPLETED – OFFICE USE ONLY

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