



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"/>		ފަނޑުވަނަ ނަންމު
Permenant Address	<input type="text"/>		ދިރިއުޅޭ ހެއްދެވުމަށްފަހުގެ ބަންދު ރަށުގެ ނަންމު
Current Address	<input type="text"/>		މިހާރުގެ ބަންދު ރަށުގެ ނަންމު
Record Card Number	<input type="text"/>	National ID Card No	ޖުމްހޫރިއްޔާގެ ބަންދު ރަށުގެ ނަންމު
Contact Phone Number	<input type="text"/>	Designation	ޖުމްހޫރިއްޔާގެ ބަންދު ރަށުގެ ނަންމު
Faculty/Center/Campus	<input type="text"/>		ފެންނަނީ ބަންދު ރަށުގެ ނަންމު

Type of No Pay Leave

މިއަދުގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

Documentary evidence will be needed for all leaves

Nopay Leave for special circumstance ފަނޑުވަނަ ނަންމު

No pay Leave for full-time education ފަނޑުވަނަ ނަންމު

No pay Leave for Pre / Post Maternity ފަނޑުވަނަ ނަންމު

No pay Leave for Medical Purpose ފަނޑުވަނަ ނަންމު

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

Name:

Date:

Signature:

Entry

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