



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**

Nopay Leave for special circumstance  ފަދަ ސަބަބުތަކުގެ ތެރެއިން

No pay Leave for full-time education  (ފުލުވުމުގެ ތެރެއިން)

No pay Leave for Pre / Post Maternity  ފަދަ ސަބަބުތަކުގެ ތެރެއިން (ފަދަ ސަބަބުތަކުގެ ތެރެއިން)

No pay Leave for Medical Purpose  ފަދަ ސަބަބުތަކުގެ ތެރެއިން

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

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