



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން  
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ފޯން: 3345406, 3345405 ފެކްސް: 3344093

މުސާސާ ޖަހާ ފޯމުގެ ނަންބަރު 1000

# Application for No Pay Leave

## Your personal details

މުސާސާ ޖަހާ ފޯމުގެ ނަންބަރު 1000

Full name	<input type="text"/>		ޖަނަބް ނަންމު
Permenant Address	<input type="text"/>		ދާއިރާގެ ހަދުސަތް
Current Address	<input type="text"/>		ހިހާރުގެ ހަދުސަތް
Record Card Number	<input type="text"/>	National ID Card No	ޖަނަބް ނަންމުގެ ނަންބަރު
Contact Phone Number	<input type="text"/>	Designation	ހަދުސަތް
Faculty/Center/Campus	<input type="text"/>		ފެކްލްޓީ/ކެންޓަރ/ކެމްޕަސް

## Type of No Pay Leave

މުސާސާ ޖަހާ ފޯމުގެ ނަންބަރު 1000

**Documentary evidence will be needed for all leaves**

Nopay Leave for special circumstance  ހާއްސަ ސަބަބުތަކުގެ ޖެހިލުމަށްޓަކައި ޖަހާ ފޯމުގެ ނަންބަރު 1000

No pay Leave for full-time education  ފުލް ޓައިމް ޖެހިލުމަށްޓަކައި ޖަހާ ފޯމުގެ ނަންބަރު 1000

No pay Leave for Pre / Post Maternity  ޖެހިލުމަށްޓަކައި ޖަހާ ފޯމުގެ ނަންބަރު 1000

No pay Leave for Medical Purpose  ޖެހިލުމަށްޓަކައި ޖަހާ ފޯމުގެ ނަންބަރު 1000

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

Please mention below the reason applying for Leave

## Declaration

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- I declare that all the information given in this form is accurate and true to the best of my knowledge.
- I understand that leave will be approved based on the HRM committee decision
- 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

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**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