

# THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA

## Application Form For Permission For Further Study

**Office Endorsement Number:**

**Date:**

1.	Name of Employee	
2.	Designation	
3.	Department	
4.	Faculty/College/Institute/Office	
5.	Status of Appointment	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Permanent : <input type="checkbox"/> On-Probation <input type="checkbox"/> Confirmed Date of Probation/Confirmation:
6.	Duty Hours	From: _____ To: _____
7.	Name & Place of the course you intend to join/want to continue	
8.	Timing of the course you intend to join	From: _____ To: _____
Signature of Applicant		
Remarks (with respect to timings) of the Dean of the Faculty/Head of the Institution where the course is conducted.		
Head of the Institution		
Remarks (with respect to timings) of the Head of the Department/Office where the employee concerned is working.		
Head of the Department		
Remarks/Recommendation of the Dean of the Faculty/Principal of College/Head of Institution where the employee concerned is working.		
Dean/Principal/Head of Institution		

**NOTE - In case of teaching staff, a copy of their teaching schedule (time-table) for the current academic year (semester I & II both) must be attached.**