



Nirmala Memorial Foundation College of Commerce and Science

**Permanently Affiliated to University of Mumbai
Accredited by NAAC, ISO 9001-2015 Certified
Recognised under section 2(f) & 12(B) of the UGC Act 1956**

D.S. Road, Asha Nagar, Thakur Complex, Kandivali (East), Mumbai – 400 101. Tel.: 022 69436400

6.3.1 - C

Educational Assistance

NET / SET appearing application

To,
The Principal,
Nirmala Memorial Foundation
College of Commerce & Science.

Subject: Application for duty free leave
for professional development.

Respected madam,

I Anis Danka Assistant professor
from the BMS/BAF department of your college
would request for a duty free leave on
account of NEU examination which will be
held on 29th Sept 2022 at 9:am.

I request you to please consider my
Application.

Yours Sincerely
Anis Danka.
Anis
28/09/22

Anis Danka
'Golden Peace'
St. Dominick rd, H.
Palmerwade, Nov. 2.
Remedy Nagar Co

Roll No.	MR16500914	Application No.	220510348332	
Candidate's Name	AVIS THOMAS INSPIRA	Father's Name	THOMAS PAUL DECARIA	
Gender	Female	Date of Birth	30-08-1998	
Category	General	Person with Disability (PWD)	NO	
Scrabble required*	NA			
 MR16500914		Candidate's Signature		
Test Details				
Apply For	ASSISTANT (W/O) (5000)			
Subject	Commerce			
Date of Examination	29.08.2022			
Shift	First			
Reporting / Entry Time at Centre	06:00 A.M.(IST)			
Gate Closing Time of Centre	08:30 A.M.(IST)			
Timing of Test	09:00 A.M. to 12:00 NOON (IST)			
Venue of Test	ALL INDIA INSTITUTE OF LOCAL SELF GOVERNMENT, 5THANKRAJ BHAVAN C.D BARFIWALA MARI, JHUJ GALL, NEXT TIME TO BMW SHOWROOM (NAVNET MOTORS) ANDHERI (W) MUMBAI, MAHARASHTRA - 400058			
 SENIOR DIRECTOR - NTA				

SELF DECLARATION (UNDERTAKING)

(AVIS THOMAS DUMHA, resident of PLOT NO 5 , REMEDY VASAJI MUMBAI PALGHAR MAHARASHTRA 401201, do hereby, declare the following:

1. That, I have read the Instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, instructions and Notices related to this examination available on the website <http://ugcet.nta.nic.in> and www.nta.ac.in

2. I have in the last 14 days (please tick, wherever it is applicable to you, otherwise leave blank):

a) the following flu-like symptoms:

- Fever:
- Sore throat/runny Nose
- Cough
- Body ache
- Breathlessness
- Other (Please Specify: _____)

b) been in close contact with a confirmed case of the COVID-19. ("Close contact" means being at less than one meter for more than 15 minutes)

c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

d) travelled the following cities/ country in the last 14 days prior to arriving at the Centre.

	1st City	2nd City	3rd City	4th City
Name of cities/country				
Date of Arrival in Centre City				

3. The health and wellbeing of our community is our first priority, therefore the centre reserves the right to deny entry to its premises.

4. I have read the detailed "IMPORTANT INSTRUCTIONS FOR CANDIDATES" as given on Page-2 and "ADVISORY for CANDIDATES REGARDING COVID-19" as given on Page-3 and undertake to abide by the same.

Candidate's Photo (Same as uploaded on Application Form to be pasted before reaching the centre)	Candidate's left hand thumb impression (To be put before reaching the centre)	Candidate Signature (To be signed, On the day of Examination in presence of invigilator only)
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The above undertaking has to be filled up in advance before reaching the centre, except candidate signature which has to be done in the presence of invigilator.

APPLICATION FOR LEAVE

The Principal
Nirmala Memorial Foundation College of Commerce & Science

Sir,

I, the undersigned apply for the leave with following particulars as below:-

1. Name: Arvi Thomas D'unka.
 2. Designation: Assistant Professor. Teaching / Non Teaching Staff.
 3. Kind of leave applied for Casual / Earned / HPL / Compensatory / Any Other Leave. Duty leave
 4. Period of Leave Applied for 01 days (from 29/09/22 to -)
with permission to prefix or suffix, Sunday and Holidays on _____.
 5. Reason for Leave: NET EXAMINATION.
 6. Address and Telephone No, for contact during the leave period:
'Golden Peace', St Dominic Rd near Palmur Wadi,
Opp Anand bhawan mandir, HOU, Remedy (W)
- Date: - 28/09/22 Signature of Applicant: Arvi Thomas D'unka.

FOR OFFICE USE

Record of Leave (Balance) as on _____

Date of Receipt of Application	Casual Leave	Earned Leave	Half Pay Leave	Any other Leave

FOR INFORMATION

1. Head of the Department, Signature [Signature] Date 28/9/2022
2. Time Table In-Charge Signature [Signature] Date 28/9/2022

FINAL ORDER

Leave Sanctioned / not sanctioned _____

Principal : _____ Date _____

Angel Christopher
Global City,
Mumbai (W)
28th September 2022.

To,
The Principal,
Nirmala Memorial Foundation College

SUB: Application for request to grant
duty free leave for professional
development.

Respected madam,


I, Angel Christopher, asst professor from
the BMS dept. of your college would request
for a duty free leave on the 29th of September
2022 on account of the NET exam 2022.

I request you to please consider my
application.

Thanking You.

Yours sincerely,

Angel Christopher


28/9/22

APPLICATION FOR LEAVE

Principal
Nirmala Memorial Foundation College of Commerce & Science

Sir,

I, the undersigned apply for the leave with following particulars as below:-

1. Name: ANGEL CHRISTOPHER
2. Designation: ASST PROFESSOR Teaching / Non Teaching Staff.
3. Kind of leave applied for Casual / Earned / HPL / Compensatory / Any Other Leave. (DUTY FREE)
4. Period of Leave Applied for 1 days (from 29/9/22 to -)
with permission to prefix or suffix, Sunday and Holidays on _____
5. Reason for Leave: NET EXAM 2022
6. Address and Telephone No, for contact during the leave period:
GLOBAL CITY, VIRAR(W). MOB: 9967160230

Date: - 28/9/22

Signature of Applicant: [Signature]

FOR OFFICE USE

Record of Leave (Balance) as on _____

Date of Receipt of Application	Casual Leave	Earned Leave	Half Pay Leave	Any other Leave

FOR INFORMATION

1. Head of the Department, Signature [Signature] Date 28/9/2022
2. Time Table In-Charge Signature [Signature] Date 28/9/2022

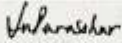
FINAL ORDER

Leave Sanctioned / not sanctioned _____

Principal : _____

Date _____

MR16500831	Application No	230510291894	Photograph 
ANGEL CHRISTOPHER	Father's Name	CHRISTOPHER MAHIAN	
Female	Date of Birth	01-12-1997	
General	Person with Disability (PWD)	NO	
NA			
 MR16500831		Candidate's Signature 	

Test Details	
Apply For	ASSISTANT PROFESSOR
Subject	Commerce
Date of Examination	29.09.2022
Shift	First
Reporting / Entry Time at Centre	07:00 A.M.(IST)
Gate Closing Time of Centre	08:30 A.M.(IST)
Timing of Test	09:00 A.M. to 12:00 NOON (IST)
Venue of Test	ALL INDIA INSTITUTE OF LOCAL SELF GOVERNMENT, STHANRAJ BHAYAN C.D BARFIWALA MARG, JUHU GALL NEXT TIME TO BMW SHOWROOM (NAVNI MOTORS) ANDHERI (W) MUMBAI MAHARASHTRA - 400058
 SENIOR DIRECTOR - NTA	

SELF DECLARATION (UNDERTAKING)

I, ANGEL CHRISTOPHER, resident of 606/B WING, RUSTOMJEE AVENUE D1 GLOBAL CITY VIRAR WEST PALDHAR MAHARASHTRA 401303, do hereby, declare the following:

1. That, I have read the instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://igovet.nta.nic.in> and www.nta.ac.in

2. I have in the last 14 days (please tick, wherever it is applicable to you, otherwise leave blank):

a) the following flu-like symptoms:

- | | |
|---|--|
| - Fever <input type="checkbox"/> | - Sore throat/runny Nose <input type="checkbox"/> |
| - Cough <input type="checkbox"/> | - Body ache <input type="checkbox"/> |
| - Breathlessness <input type="checkbox"/> | - Other Please Specify: _____ <input type="checkbox"/> |

b) been in close contact with a confirmed case of the COVID-19, (Close contact means being at less than one meter for more than 15 minutes.)

c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

d) travelled the following cities/ country in the last 14 days prior to arriving at the Centre.

	1st City	2nd City	3rd City	4th City
Name of cities/country				
Date of Arrival in Centre City				

3. The health and wellbeing of our community is our first priority, therefore the centre reserves the right to deny entry to its premises.

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