



SRI SARADA COLLEGE FOR WOMEN

(An Autonomous Institution)

(Affiliated to Manonmaniam Sundaranar University, Tirunelveli)
Institution recognised u/s 2(f) and 12(B) of UGC & Reaccredited with "A" grade
by NAAC (A branch of Sri Ramakrishna Tapovanam, Tirupparaithurai)
Ariyakulam, Thoothukudi NH, Maharaja Nagar Post,

TIRUNELVELI 627011



Criteria VI

6.3 FACULTY EMPOWERMENT STRATEGIES

6.3.1 THE INSTITUTION HAS EFFECTIVE WELFARE MEASURES FOR TEACHING AND NON-TEACHING STAFF AND AVENUES FOR THEIR CAREER DEVELOPMENT/ PROGRESSION

(2024-2025)



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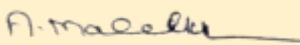
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6.3.1 The institution has effective welfare measures for teaching and non-teaching staff and avenues for their career development/ progression (2024-2025)

S.No	Nature of Benefits	Number of Beneficiaries		Total
		TS	NTS	
1.	Medical Leave	21	3	24
2.	Maternity Leave	-	-	Nil
3.	On Duty – Academic Research, Examination, NCC,NSS,Conference /Workshop/Seminars Participation	178	-	178
4.	Sabbatical leave for Ph.D Viva, Examination days for additional Qualification	02	01	03


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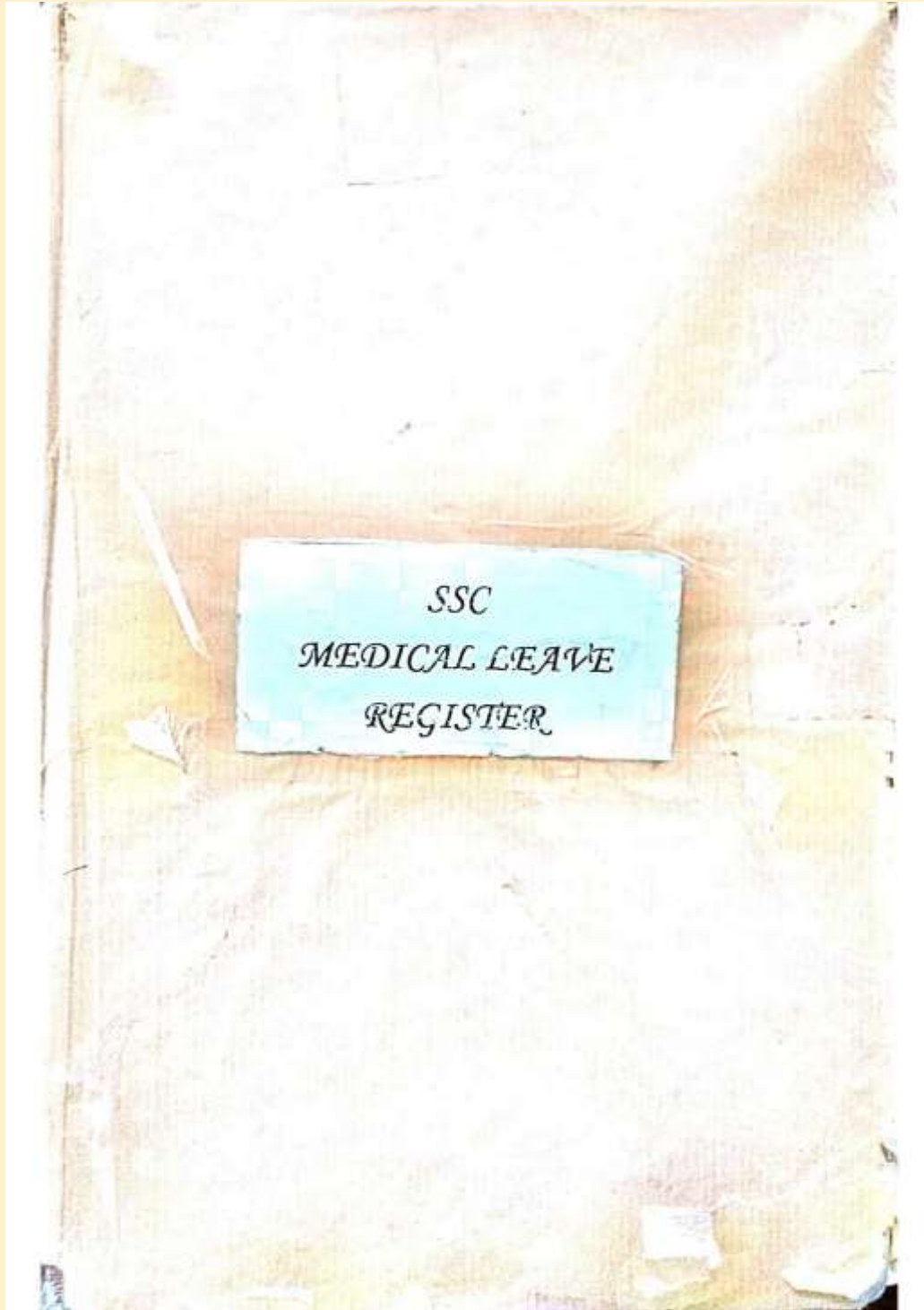


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A. Macek
Coordinator - IQAC
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2024 57

Name	Leave From	Taken To	No. of days	Final of Period
1. Smt. L. Ramalakshmi Tech. Asst.	28.01.2024	30.01.2024	3	✓
2. Smt. A. Mariammal off. Asst.	29.01.2024	04.02.2024	7	-
3. Smt. P. Anuska A.P. & HoB (UG)	01.02.2024	02.02.2024	2	✓
4. Smt. R. Kalai Selvi Lab. Asst. (Phy)	01.02.2024	06.02.2024	6	✓
5. Smt. G. Ramani A.P. in Bca	06.02.2024	13.02.2024	8	✓
6. Smt. A. E. Sakiammal Off. Asst.	22.04.2024	26.04.2024	5	✓
7. Smt. S. Chidambaram Vadivoo Asst.	19.02.2024	25.02.2024	7	✓
8. Smt. R. Krishna Veni Asst.	24.04.2024	26.04.2024	3	-
9. Smt. L. Ramakrishna Tech. Asst.	25.07.2024	27.07.2024	3	-
10. A. Gomathi Ammal Lab. Asst.	02.07.2024	06.07.2024	6	✓

58 2025

No.	Name	Leave From	To	No. of days	Final of
1.	Dr. Aphila Mohanida A.P. in Sanskrit	22.01.2025	25.01.2025	4	
2.	Dr. N. Beema Devi A.P. in Phy	29.01.2025	02.02.2025	4	
3.	Ms. S. Vinula A.P. in Bca	25.01.2025	03.02.2025	10	
4.	Dr. A. Anusadevi A.P. in Com. Cos. Sci	02.02.2025	08.02.2025	6	
5.	Dr. P. Suganya A.P. in Com. Cos. Sci	26.02.2025	08.03.2025	5	
6.	Ms. A. Gomathi Ammal Lab. Asst. (C.S)	18.03.2025	20.03.2025	3	
7.	Ms. K. Thayammal O.A. (COE)	12.02.2025	20.02.2025	8	
8.	Ms. M. Dharmakani O.A./CoE	25.02.2025	28.02.2025	4	
9.	Ms. R. Krishna Veni Asst.	05.02.2025	06.02.2025	2	
10.	Ms. A. Aleyasanthammal Lib. Asst.	02.02.2025	12.02.2025	6	

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SRI SARADA COLLEGE FOR WOMEN, TIRUNELVELI - 627 011

APPLICATION FOR MEDICAL LEAVE

Name of the Staff (in capitals)	
Designation	
Department/Section	
Detailed Reason for applying M L	
Period of Medical Leave required with Dates	
ML in days already availed	
Details of work/duty alternative made	Furnish details
Remarks of the HOD.	
Signature of the HOD	
DECLARATION	
I declare that the statement/reason given above for availing medical leave by me is genuine.	
Date:	Signature of the applicant
Remarks of the Office	
1. MC submitted in time: Yes/No	4. Days already availed verified: Yes/No
2. Verified the MC: Yes/No	5. Number of days requested:
3. Work adjustment made: Yes/No	6. Number of days sanctioned:
PRINCIPAL	SECRETARY

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TIRUNELVELI - 627 011



A. Madhavan
Coordinator - IQAC
Sri Sarada College for Women (Autonomous),
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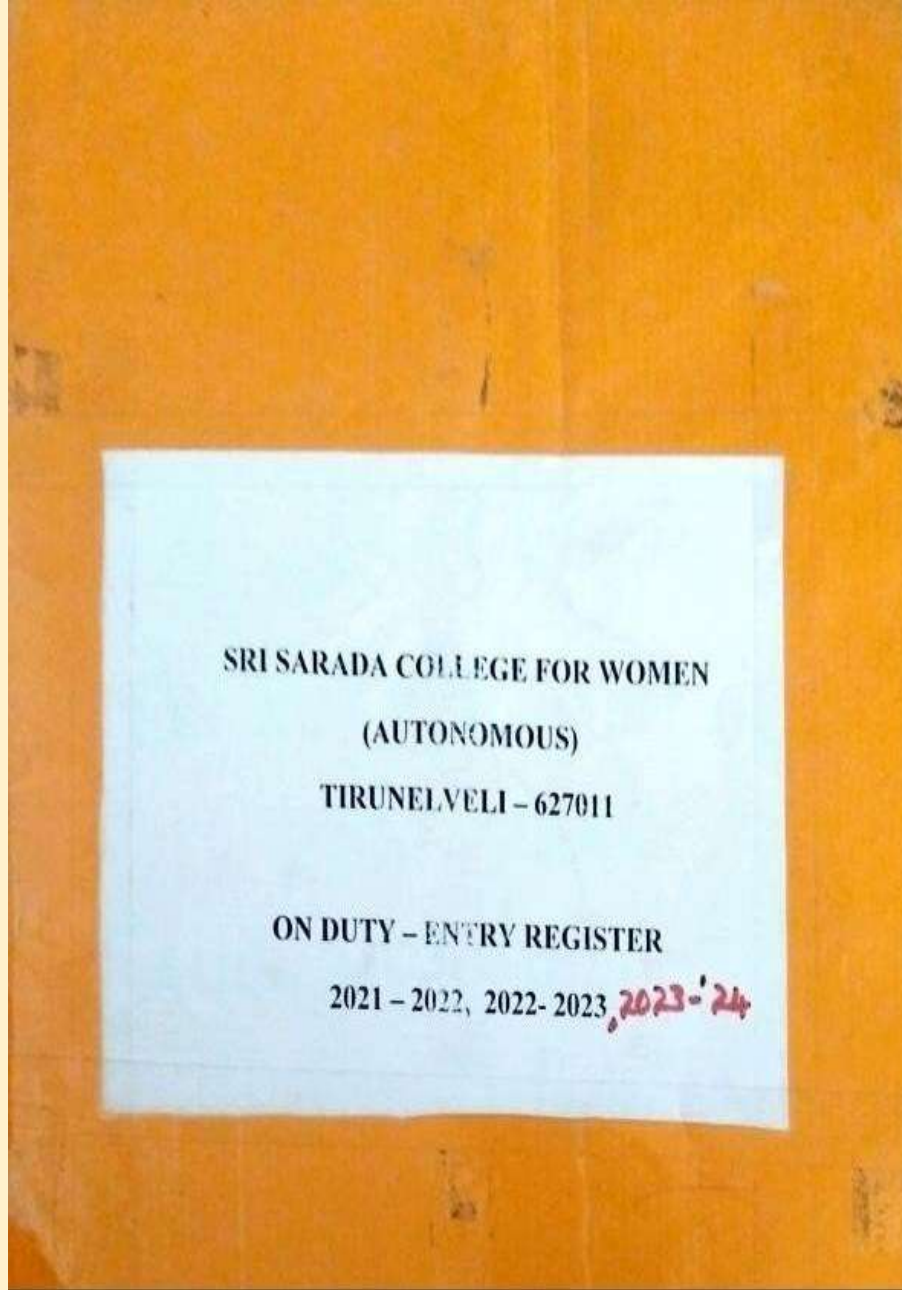


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A. Malathi
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Sri Sarada College for Women (Autonomous),
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APPLICATION FOR AVAILING "ON DUTY"

358

1	Name of the staff (in capital letters)	
2	Department & Designation	
3	Period of 'on duty' { Date(s) & Day(s) }	From To =
4	Number of days of OD needed as per communication.	
5	Details/purpose of "on duty" - (Xerox copy of the LoI to be enclosed)	
6	Address during OD period in detail	
7	Contact number during OD period	
8	Total Number of days of OD already availed during the academic year (June-May)	
9	Details of duty (academic/admin) arrangements made	Yes, Attached as a separate sheet.
10	Signature of the applicant with date	
*Forwarding by the HoD & Signature		
Recommendation by the Principal and Signature		
Approval Orders of the Secretary & Signature		
(For the office use)		
Remarks if any:.....		
Verified , Entered & Carried forward in the registers concerned with Signature:		

Encl: Attachment for Sl.No. 5 and 9

(NB: Columns 1-10 have to be filled in completely and correctly &
*If the applicant is HoD, the next senior has to forward with her signature)

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S.No.	Name & Dept.	Date(s)	No. of Days	Page No.	S.No.	Name & Designation & Dept.	Date(s)	No. of Days	Page No.
Feb. 2025 contd:-					REGISTER - 2025				
124	Ms. S. Sathya, Economics	13-02-2025	1		120	Dr. G. Rohini Vijayalakshmi, Maths	28-02-2025	1	
125	Ms. R. Kiranika Sabasanthi, Phy	07-02-2025	1		121	Dr. N. Boonadevi, Physics	27-02-2025	1	
126	Ms. K. Lakshmi, Chemistry	01-02-2025	1		122	Ms. S. Murgaswari, I.T.	27-28-02-2025	1	
127	Dr. S. Hanayalakshmi, Comp. Sc.	12-02-2025 25-02-2025	1		123	Smt. M. Selvalakshmi, MSW	27-02-02-2025	2	
128	Ms. B. Bhuvaneswari, Comp. Sc.	03-02-2025	1		MARCH 2025				
129	Ms. M. Sakku Vijaya, Comp. App.	05-02-2025 18-02-2025	1		124	Dr. P. Bharalakshmi, Tamil	18-03-2025	1	
130	Ms. S. Eswara Gemathi, I.T.	05-02-2025	1		125	Smt. S. Chethna, English	20-03-2025 25-03-2025	1	
131	Dr. K. Anurag, AIDA	06-02-2025	1		126	Ms. T. Mihuna Devi, Economics	10-17-03-2025	8	
122	Dr. R. Muthulakshmi, Commerce	01-02-2025	1		127	Dr. K. Ramalakshmi, Maths	10-17-03-2025	8	
133	Dr. R. Kavitha, Commerce	05-02-2025	1		128	Dr. G. Rohini Vijayalakshmi, Maths	19-03-2025	1	
114	Ms. M. Bharalakshmi, Commerce	05-02-2025	1		129	Dr. N. Boona Devi, Physics	19-03-2025	1	
115	Dr. S. Arumugaselvi, Com. (C.S.)	05-02-2025	1		130	Ms. S. Murgaswari, I.T.	01-03-03-2025 19-03-2025	2	
116	Dr. P. Suganya, Com. (C.S.)	05-02-2025	1		131	Dr. V. Sangeetha, Commerce	10-17-03-2025	8	
117	Ms. J. Mathurathana, BBA	13&14-02-2025	2		132	Dr. Milka Vijaya, Commerce	10-17-03-2025	8	
118	Ms. T. Nandiyar, Muzugananti, Phy. Lab.	05-02-2025	1		133	Dr. R. Kavitha, Commerce	01-03-2025	1	
119	Dr. G. Radha, Library	06-02-2025	1						

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CASUAL LEAVE FORM



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APPLICATION FOR CASUAL LEAVE

3899



Name of the Staff (in capitals)	
Designation & Department	
No. of days CL required with date(s) From _____ To _____
Reason for CL	
Is Public Holiday/s is/are to be combined with CL? Yes/No. If yes provide details of days	
CL already availed (days in number)	
Address during CL period	
Details of work/duty alternative made	Details furnished on the reverse side
Signature of applicant with date (If Director/HoD is the applicant, mutual signatures are required to avoid communication gap).	Information shared to me:
Remarks of the HoD & Signature	Forwarded/Recommended
Remarks of the Principal & Signature	Forwarded/Recommended
Sanction order & Signature	Granted/Declined
For Office purpose	
Verified, found correct and entered by	
Office Superintendent:	HR Section in charge:

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PERMISSION


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APPLICATION FOR PERMISSION **4996** 

1	Name of the staff (in capital letters)			
2	Designation & Department			
3	Details of permission requested	Date:	Time:	Hours:
4.	Reason for permission			
5.	Dates of previous permissions availed	1.	2.	
6.	Signature of the applicant *			
7.	Remarks of HoD & Signature	Forwarded/Recommended		
8.	Remarks of the Principal & Signature	Granted/Declined		
9.	Status of requested time period: Free hour/Assigned hour	Work deputed to (Name) Full Signature of depute:		

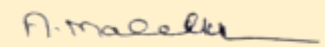
*If Director/HoD is the applicant, information sharing about the absence on station has to be acknowledged with signature

For Office purpose

Verified, found correct and entered by	
Office Superintendent:	HR Section in charge:


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