APPLICATION FOR DUTY LEAVE

(to be given at least 7 days in advance)

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Name of the Faculty/staff	:	
Designation	:	
Department/Project	:	
Purpose of visit	:	
Duration of visit	:	
Is there any teaching	:	
assignment during this period		
Address during leave period	:	
& Contact no.		
Recommendation of the	:	
Head the Department /		
Project Head		
Whether any financial	:	
assistance is required from		
IIPS (Please state the		
requirements)		
Whether any stipend/ fees/		
honorarium is being provided		
by the host institute Please		
enclose invitation/offer letter		
Any other requirements	:	
(please specify)		

SIGNATURE OF APPLICANT WITH DATE

TO BE PROVIDED BY ADMN. SECTION				
Current year		Previous year		

SECTION OFFICER

ACCOUNTS OFFICER

REGISTRAR