International Institute for Population Sciences
LEAVE APPLICATION FOR PROJECT STAFF

Date :   /   /20

Name & Designation of Project Staff :			
Name of Project			
Type of leave required		No. of days required	
Period of leave	On/From	ˆ On/To	
Reason for leave			
Address during leave period	Contact no.(Tel./Mobile)		

Signature of the Applicant
Date:

FOR ADMINISTRATIVE USE

Certified that the No. of days leave requested at credit_____.

Admissible / Not Admissible

Signature of Assistant

Remarks of Approval Authority
Approved/Not Approved

(If applied leave is for 30 days or more, then Director & Sr. Professor's approval is essential)