



**NATIONAL INSTITUTE OF SCIENCE EDUCATION
AND RESEARCH, BHUBANESWAR
(Administration Section)**

APPLICATION FOR CASUAL LEAVE

1. Name of the employee: _____ P.F. No. if any: _____

2. Designation: _____

3. Section/Department/School: _____

4. Leave required for: _____ day(s) from _____ to _____

5. Purpose of Leave: _____

6. Provide the address & contact if leaving headquarter: _____

7. Contact mobile/Tel. No. : _____

8. Specify the arrangements made for the scheduled classes and labs: _____

Date : _____

Signature of the applicant

Recommendation of Chairperson of the School / Head of Section

Leave recommended / not recommended

Special remark if any: _____

Signature

FOR OFFICE USE

<u>Leave Status</u>	<u>Approval of Sanctioning Authority</u>
Leave(s) in account: _____	Granted/Refused
Dealing Asst.	Sanctioning Authority