



**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