

Indian Centre for Space Physics

[Autonomous Institute registered under Section 25, The Company Act 1956] 466 Barakhola, Netai Nagar, Kolkata 700099, West Bengal Webpage - http://csp.res.in, Email - root@csp.res.in

LEAVE APPLICATION FORM
(For Academic Member (JRF, SRF, PDF, Project Scientist, Assistant Professor) Only)

| Employee's Name :_ | | | | | | |
|--------------------------------|-------------------------------|----------------|------------------|----------|------|--|
| Designation :_ | | | | | | |
| Department :_ | : Employee's Ph. No. in leave | | | | | |
| Type of Leave : | | | FULL | | HALF | |
| From: | to: | No. of day(s): | | | | |
| Reason: | | | | | | |
| Previous leave taken from: | | _To: | No. of day(s): _ | | | |
| | | | Applicant's S | ignature | | |
| | | | Ε |)ate: | | |
| | | RECOMMEND | ATION | | | |
| Immediate Incharge | : | | С | Oate: | | |
| Dean (Academic) | : | | С | Oate: | | |
| Remarks by Assistant Admini | strative Officer: _ | | | | | |
| Signature of Aggistant Adminis | otrotivo Officer | | r | Data | | |
| Signature of Assistant Adminis | | | | Date: | | |
| Director | : | | ! | Date: | | |

FOR OFFICE USE ONLY

Leave Details for the month of:

| Sch | Schedule Leave Month | | nth | Casual Leave | | Medical Leave | | | Academic Leave | | | | |
|----------|----------------------|---------|------|--------------|----------|---------------|---------|----------|----------------|---------|----------|-----------|----|
| Allotted | Taken | Balance | From | То | Allotted | Taken | Balance | Allotted | Taken | Balance | Allotted | Tak en | ВІ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Note:

- 1. For domestic Academic Leave (AL), prior application has to be made minimum 15 days before and for international AL, prior application has to be made minimum 1 month before with proper supporting documents.
- 2. Special Leave will not normally grant if the application is not submitted 10 days in advance, except sick leave.



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JOINING REPORT

| Employee's Name | : |
|--------------------|---|
| Designation | : |
| Department | : |
| Dear Sir, | |
| After availing | daystototo |
| I am reporting for | duty on at |
| | ing before/after sanctioned leave (if any), |
| | |
| Place: | |
| Date: | |
| | |
| | Signature |