



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 Non-Academic Member 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 Signature _____

Date: _____

RECOMMENDATION

Immediate In-charge: _____ Date: _____

Acting registrar: _____ Date: _____

Remarks by Assistant Administrative Officer: _____

Signature of Assistant Administrative Officer: _____ Date: _____

Director : _____ Date: _____

FOR OFFICE USE ONLY

Leave Details for the month of:

Schedule Leave			Month		Casual Leave			Medical Leave		
Allotted	Taken	Balance	From	To	Allotted	Taken	Balance	Allotted	Taken	Balance

 **Note :**

1. 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 availingdays.....leave, from.....to.....

I am reporting for duty on at

Reason(s) for joining before/after sanctioned leave(if any),

.....
.....

Place:

Date:

.....

Signature