



# 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](mailto:root@csp.res.in)

## LEAVE APPLICATION FORM (For Senior 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

Director : \_\_\_\_\_ Date: \_\_\_\_\_

Remarks : \_\_\_\_\_

### FOR OFFICE USE ONLY

#### Leave Details for the month of:

| Schedule Leave |  |         | Month |    | Casual Leave |  |         | Medical Leave |  |         |
|----------------|--|---------|-------|----|--------------|--|---------|---------------|--|---------|
| Allotted       |  | Balance | From  | To | Allotted     |  | Balance | Allotted      |  | Balance |
|                |  |         |       |    |              |  |         |               |  |         |
|                |  |         |       |    |              |  |         |               |  |         |
|                |  |         |       |    |              |  |         |               |  |         |

#### 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 / Earn 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 .....days.....leave, from.....to.....**

**I am reporting for duty on ..... at .....**

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

.....  
.....

**Place:**

**Date:**

\_\_\_\_\_  
**Signature**