INDIAN STATISTICAL INSTITUTE

DELHI CENTRE

APPLICATION FORM FOR ACADEMIC LEAVE

1.	Name	
2.	Roll No. & Designation	
3.	Unit & Division	
4.	Date of Appointment	
5.	Purpose of Leave; *attach supporting documents*	
6.	Period of Intended Leave	From ..... to ..... (days)
7.	Financial Assistance to be received	If less than the amount specified in Leave Rules to qualify as Leave with Pay, provide details and *attach supporting documents*; otherwise, mention "higher than Rs.2,00,000/- per month or equivalent of US$ 9,000/- per month pro rata", whichever is applicable
8.	Signature of applicant with date	
	For Office Use Only	
9.	Accumulated AL balance before this application	..... days (Total); ..... days (with pay)
10.	Recommendation of **Unit Head**; give reasons if leave is not recommended Signature with date	11. Recommendation of **Professor-in-Charge / Head SQC & OR Division and Dean (if required)**; give reasons if leave is not recommended Signature with date
12.	Sanction **Yes / No**	If yes, **with pay / without pay**

Signature of Sanctioning Authority with date