

# 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; <i>attach supporting documents</i>	
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 <i>attach supporting documents</i> ; 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	
<b>For Office Use Only</b>	
9. Accumulated AL balance before this application	..... days (Total);      ..... days (with pay)
10. Recommendation of <b>Unit Head</b> ; give reasons if leave is not recommended	11. Recommendation of <b>Professor-in-Charge / Head SQC &amp; OR Division and Dean (if required)</b> ; give reasons if leave is not recommended
Signature with date	Signature with date
12. Sanction <b>Yes / No</b> If yes, <b>with pay / without pay</b>	
<p><b>Signature of Sanctioning Authority with date</b></p>	