भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of HRD, Govt. of India

Leave Application for PDRF

Date-____/____/____

Casual Leave		**Annual Leave**		**Station Leave**	
Loss of Pay			**Others (Specify)**		

1. Name:			**2. Designation:**	
3. Department:			**4. PF. No.:**	
5.		**Leave Summary**		
Type of Leave		**From**	**To**	**No. of days**
			Total No. of days applied for	
In case of Holidays		**Type of Leave**	**Prefixing Date**	**Suffixing Date**
6.	**Purpose of leave:**		**Contact No:**	
7.	**Address during leave of absence:**			
8.	**Charge/Officiating arrangement during leave of absence *:**	**Position holding** **Name** **Sign. of officiating Faculty** **i.** **ii.**		

Signature of the PDRF	**Forwarded by** **Supervisor/Mentor**	**Recommended** **FIC/Coordinator/HoD**

For Office use only

Type of leave:		Recommended / Approved	Approved as per rules
Leave availed:			
Leave available:			
OA(MS)	AR (Faculty Affairs)	DoFA	DoFA/ Dy Director/ Director