

Annexure-I

INDIAN STATISTICAL INSTITUTE
LEAVE APPLICATION FOR RESEARCH FELLOWS AND
RESEARCH ASSOCIATES

1. Name : _____

2. Leave required for _____ days on (dates) _____

3. Reason : _____

4. Address while on leave : _____

Signature: _____ Date: _____

_____ Date: _____

Signature of Supervisor/convener,
RF Advisory Committee/Head of Unit/Professor-in-Charge

_____ Date: _____

Signature of Warden (for Hostellers)

(For Office Use)

1. Number of previous leave applications during the year: _____

2. Total leave (no. of days) already taken during the year: _____

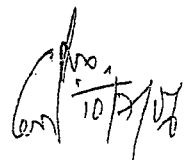
3. Entered and verified by: _____

4. Remarks: _____

5. Leave granted/not granted

Date: _____

Dean of Studies



Handwritten signature and date: 10/12/14