



**NATIONAL INSTITUTE OF SCIENCE EDUCATION
AND RESEARCH, BHUBANESWAR
(ADMINISTRATION SECTION)**

APPLICATION FOR SPECIAL CASUAL LEAVE

1. Name of the employee: _____ P.F. No. _____
2. Designation: _____
3. Section/Department/School: _____
4. Leave required for: _____ day(s) from _____ to _____
5. Purpose of Leave: _____
_____ (please enclose the supporting document).
6. Provide the address & contact if leaving headquarter: _____
_____.
7. Contact mobile / Telephone No.: _____
8. Specify the arrangements made for the scheduled classes and labs: _____
_____.

Date: _____

Signature of the applicant

Recommendation of Section Head/Chairperson of the School

Leave recommended / not recommended

Special remark if any: _____

_____.

Signature

FOR OFFICE USE

<u>Leave status</u>	<u>Approval of Sanctioning Authority</u>
Leave (s) in account: _____	Granted / Refused
Dealing Asst.	Sanctioning Authority