



# NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH

Institute of Physics Campus,  
Sachivalaya Marg, Bhubaneswar-751005

## APPLICATION FOR VACATION/CASUAL/MEDICAL/SEMESTER/MATERNITY LEAVE

(For Ph.D Students only)

1. Name..... 2. Roll Number.....  
3. School..... 4. Current Semester.....

5. Nature of Leave \* (**Vacation / Medical / Casual/Semester/Maternity**)

\* Attach medical certificate in the event of applying for medical leave

6. Duration of Leave

Days..... From \_ \_ / \_ \_ /20 \_ \_ To \_ \_ / \_ \_ /20 \_ \_.

7. Purpose.....  
.....

8. Address during leave (if permission for leaving institute/ hostel/ headquarters requested)

.....  
.....

Contact No. (During leave).....

9. Details of last leave availed: .....

Date \_ \_ / \_ \_ /20 \_ \_

(Signature of the Student)

<b><u>Recommended / Not Recommended</u></b>		<b><u>Recommended / Not Recommended</u></b>	
Signature of Supervisor		Convener (PGCS)	
<b><u>FOR OFFICE USE</u></b>			
Nature of Leave .....		Leave in account.....	
Dealing Asst. (Academic Affairs)	APO (Academic Affairs)	Administrative Officer - III (Academic Affairs)	
<b><u>Approved / Not Approved</u></b>			
Chairperson, School of .....			