

Annexure – I

INDIAN STATISTICAL INSTITUTE

LEAVE APPLICATION FOR RESEARCH FELOWS AND RESEARCH ASSOCIATES

1. **Name :** _____
2. **Leave required for :** _____ **days on (dates)** _____
3. **Reason :** _____
4. **Address while on leave :** _____

(Signature)

Unit: _____ **Date :** _____

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

Date : _____

Signature of warden (for Hosteller)

Date : _____

(For Office Use)

1. **Number of previous leave application 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