

TATA INSTITUTE OF FUNDAMENTAL RESEARCH

LEAVE APPLICATION FORM

Name

COMPUTER CODE

Section

--	--	--	--	--	--

Designation

FROM

No. of days leave required

--	--	--	--	--	--

With prefix

(Date) (Month) (Year)

With suffix

TO

Reason

--	--	--	--	--	--

(Date) (Month) (Year)

No. of occasions leave availed of during the
Calendar Year

Type of leave *(Circle whichever is applicable)*

Address while
on leave

- | | | |
|--------------------------|------------------------------------|----------------------------|
| A. Earned | G. Disability | L. Study leave without pay |
| B. Vacation | H. Deputation | N. Deputation without pay |
| C. Compensatory vacation | I. Commuted | |
| D. Maternity | J. Study leave with pay | O. Half pay |
| E. Hospital | K. Extraordinary leave without pay | |
| F. Quarantine | | P. Leave not due |

Date :

Signature of the Applicant

Recommendations of the
Head of the Section

Sanctioning
Authority

Date :

Date :

Leave due as on
Earned leavedays
Half pay leavedays
Vacationdays

TATA INSTITUTE OF FUNDAMENTAL RESEARCH

COUNTERFOIL OF THE LEAVE APPLICATION

Name

Computer Code/Section

Sr. Assistant

Type of Leave

From

To

Prefix

Suffix

No. of days

Leave duedays ELVC

Half pay leave as on

--