

INDIAN STATISTICAL INSTITUTE
LEAVE APPLICATION FOR RESEARCH FELLOWS

1. Name: _____

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

3. Reason: _____

4. Address while on leave : _____

Signature: _____ Date: _____

Date: _____
Signature of Supervisor/Convener-RFAC/Head of Unit

(For Office Use)

1. Total No. of Days of Leave taken during the year: _____

2. Entered and Verified by: _____

3. Remarks: _____

4. Leave Granted/Not Granted:

Date: _____

Signature of Associate Dean