



**INDIAN STATISTICAL INSTITUTE
BANGALORE CENTRE**

Leave Application Form

Name: _____ Roll No.: _____

Category of leave required: Casual/Earned/Restricted Holiday/Half Pay/Duty/Special/Commutated/Maternity/Extraordinary

No. of days required: _____ From: _____ To: _____

Purpose for which leave is required: _____

Leave Address: _____

Date: _____

Signature

For office use: Eligible for _____ days _____	Sanctioned _____ days leave From _____ to _____ Signature of the Sanctioning Authority
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