



INDIAN STATISTICAL INSTITUTE

BANGALORE CENTER

Name : _____ Roll No. : _____

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

No. of days required : _____ from _____ to _____

Purpose for which leave is required : _____

Leave Address : _____

Date :

Signature

<p>For Office Use :</p> <p>Eligible forDays.....</p>	<p>Sanctioned _____ Days Leave</p> <p>FromTo.....</p> <p>Signature of the sanctioning Authority</p>
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