

**INDIAN INSTITUTE OF SOIL SCIENCE
BHOPAL**

Date

Application for casual leave

Name of the Applicant :

Divisions / Sections :

Address during leave :

Kind of leave (s)	Period of days	No. of days	Balance leave (to be filled by office)
Casual Leave			
Other RH/CH			

Reason (s) – Ground of leave

Certified by:

Name of the dealing Assistant

1. Balance leave to be certified by dealing assistant
2. Column balance leave should be filled before this application is submitted to the sanctioning authority duly signed by D/A

Signature of the applicant

Remarks: Recommendation of the head /Incharge

Signature of HOD /Incharge

Order of sanctioning authority

1. Leave sanctioned / No. sanctioned / any other remarks.
2. Entry made in the leave register vide page No. And Sl. No.
3. Admn. Office / Head of Division / Section Director.