

APPLICATION FOR DUTY LEAVE

(to be given at least 7 days in advance)

| | | |
|--|---|--|
| Name of the Faculty/staff | : | |
| Designation | : | |
| Department/Project | : | |
| Purpose of visit | : | |
| | | |
| | | |
| Duration of visit | : | |
| Is there any teaching assignment during this period | : | |
| Address during leave period & Contact no. | : | |
| | | |
| | | |
| Recommendation of the Head the Department / Project Head | : | |
| Whether any financial assistance is required from IIPS (Please state the requirements) | : | |
| Whether any stipend/ fees/ honorarium is being provided by the host institute Please enclose invitation/offer letter | | |
| Any other requirements | : | |
| (please specify) | | |

SIGNATURE OF APPLICANT WITH DATE

| | | | |
|--|--|----------------------|--|
| TO BE PROVIDED BY ADMN. SECTION | | | |
| Current year | | Previous year | |

SECTION OFFICER

ACCOUNTS OFFICER

REGISTRAR

DIRECTOR & SR. PROFESSOR