

**EXTRA WORK ALLOWANCE/COMP.OFF CLAIM FORM**

Date : -----

The Director & Sr. Professor  
IIPS  
Deonar  
Mumbai - 400 088.

Sir,

As instructed by ---, I have to work overtime on-----  
----- (Closed Holidays/Saturday/Sunday/before or after office hours )  
from --- to --- for performing the following duties pertaining to :

Hence, the necessary extra work allowance/comp.off as admissible, may please be granted for the same.

Yours faithfully,

-----  
Signature of the incumbent)

-----  
-----  
Name and Designation)

-----  
Signature of the Recommending Authority

Sanctioned

-----  
Signature of Registrar

**DIRECTOR & SR. PROFESSOR**