

Extra Work Allowance/Comp.Off Claim Form

Date : -----

To
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 :

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

