

The Director/ Registrar/Head of the Division
IISER Mohali

Subject : Casual Leave/Special Casual/Restricted Holiday/Vacation/Medical leave/Earned Leave

Name :
Designation :
Department /Division :
P.F. No. :
From : To : Duration :
Reason :
Arrangement made for teaching or other duties :

Address if going out of station:

Date

Signature

Signature of the forwarding authority, if applicable :