



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान मोहाली  
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI

**The Director/Registrar/Head of the Division**  
IISER Mohali

**Subject: Casual Leave / Special Casual / Restricted Holiday / Half Pay Leave/ Earned Leave / Duty Leave /  
Child Care Leave / Compensatory Leave**

Name :  
Designation :  
Department / Division :  
P. F. No. :  
Period of leave : (No. of days) :  
Reason :  
Arrangement made for duties :  
Address of going out of station :

Date : Signature

**Signature of the forwarding authority, if applicable** :