

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION**  
**Tata Institute of Fundamental Research**

**LEAVE APPLICATION FORM**

|  |    |  |   |   |                                  |
|--|----|--|---|---|----------------------------------|
| Name   |    | COMPUTER CODE  |   |   |                                  |
| Designation  |    |  |   |   |                                  |
| No. of Days  |    | FROM (DD/MM/YY)  |   |   |                                  |
| Prefix   |    |  |   |   |                                  |
| Suffix   |    | TO (DD/MM/YY)  |   |   |                                  |
| Reason   |    |  |   |   |                                  |
| <b>Address while on Leave</b>  |    | <b>Type of leave (tick ✓ whichever is applicable )</b> |   |   |                                  |
|  |    | A  | Earned                                  | I | Commuted                         |
|  |    | B  | Vacation                                | J | Study Leave with pay             |
|  |    | C  | Comp. Vacation                          | K | Extra Ordinary Leave Without Pay |
| Details of last leave availed  |    | D  | Maternity                               | L | Study Leave Without Pay          |
| Type of Leave  |    | E  | Hospital                                | M | Deputation Without Pay           |
| Period of Leave  |    | F  | Quarantine                              | N | Half Pay                         |
| From   | To | G  | Disability                              | O | Leave not Due                    |
|  |    | H  | Deputation                              | P | Paternity Leave                  |
| No. of occasions Earned Leave availed during the calendar year <input style="width: 30px;" type="text"/> |    |  |   |   |                                  |
|  |    |  |   |   |                                  |
| <b>Signature of applicant</b> <b>Date:.</b>  |    |  |   |   |                                  |
| <b>Recommended subject to availability/ Not recommended</b>  |    |  |   |   |                                  |
|  |    |  |   |   |                                  |
| <b>Section Head</b> <b>Date:</b>   |    |  |   |   |                                  |
| <b>ESTABLISHMENT SECTION</b>   |    |  | Leave sanctioned/ rejected              |   |                                  |
| Leave to the credit as on _____ EL/ VAC/   |    |  |   |   |                                  |
| HPL/ ELWP/ Others(                      ) _____ days   |    |  |   |   |                                  |
| <b>Admin. Officer (Estt.)      Date :</b>  |    |  |   |   |                                  |
|  |    |  | <b>Sanctioning Authority      Date:</b> |   |                                  |

*Counterfoil of Leave Application*

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**(TIFR) MUMBAI 400 088.**

The following leave is sanctioned /refused by the competent authority

| Nature of Leave    | Period |    | No. of days | Prefix/Suffix | Leave Balance as on _____ |
|--------------------|--------|----|-------------|---------------|---------------------------|
|                    | From   | To |             |               |                           |
| <b>EL</b>          |        |    |             |               |                           |
| <b>VAC</b>         |        |    |             |               |                           |
| <b>HPL</b>         |        |    |             |               |                           |
| <b>ELWP</b>        |        |    |             |               |                           |
| <b>Others.....</b> |        |    |             |               |                           |

**Admn Officer (Estt.)**

**Date:**

To: \_\_\_\_\_