

NATIONAL CENTRE FOR RADIO ASTROPHYSICS
TATA INSTITUTE OF FUNDAMENTAL RESEARCH
LEAVE APPLICATION FORM

Name _____
 Section _____
 Designation _____
 No. of days leave required _____
 With prefix _____
 With suffix _____
 Reason _____
 In the Current Calender Year how many occasions
 'EL' was availed : _____
 Calender Year : _____
 Address While _____
 on leave _____

COMPUTER CODE

--	--	--	--	--	--	--	--

FROM

--	--	--	--	--	--	--	--

(Date) (Month) (Year)

TO

--	--	--	--	--	--	--	--

(Date) (Month) (Year)

- Type of leave (Circle whichever is applicable)
- | | | |
|-----------------------------|---|-------------------------------|
| A. Earned | G. Disability | L. Study leave
without pay |
| B. Vacation | H. Deputation | M. Deputation
without pay |
| C. Compensatory
vacation | I. Commuted | N. Sabbatical |
| D. Maternity /
paternity | J. Study leave
with pay | O. Half pay |
| E. Hospital | K. Exatradinary
leave without
pay | |
| F. Quarantine | | P. Leave not due |

Date : _____ Signature of the Applicant _____

Recommendations of the
 Head of the Section
 Date :

Sactioning
 Authority
 Date :

Leave due as on _____
Earned leave _____ days
Half pay laeve _____ days
Vacation _____ days

NATIONAL CENTRE FOR RADIO ASTROPHYSICS
TATA INSTITUTE OF FUNDAMENTAL RESEARCH
COUNTERFOIL OF THE LEAVE APPLICATION

Name _____
 Computer code/Section _____
 Type of leave _____
 From _____
 To _____
 Prefix _____
 Suffix _____
 No. of days _____

 Leave due _____ days ELA/C

Establishment Officer

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NATIONAL CENTRE FOR RADIO ASTROPHYSICS
TATA INSTITUTE OF FUNDAMENTAL RESEARCH
PUNE UNIVERSITY CAMPUS, PUNE - 411 007

Date / /

The Director

Sir,

- I wish to apply for _____ day's/days CASUAL LEAVE on / from _____ (FN/AN)
to _____ and / Special CL on _____ and _____
1. Name : _____ 2. Comp. Code : _____
 3. Designation : _____ 4. Section : NCRA / GMRT
 5. Reasons for leave : _____
 6. Leave due _____ + _____ days (CL+SPECIAL CL) as on _____

Signature of the Applicant

Recommending Authority

Sanctioning Authority

National Centre For Radio Astrophysics
TATA INSTITUTE OF FUNDAMENTAL RESEARCH
Pune University Campus, Pune - 411 007.

Date: _____

JOINING REPORT ON EXPIRY OF LEAVE

I hereby report for duty this day FN/AN after availing
of leave (indicate type of leave availed)
from to Total No. of Days.....

Signature : _____

Name in Block Letters: _____

Computer Code No. : _____

Designation : _____

Group/Section : _____

Through Head of the Group/Section : _____

To
Administrative Officer
NCRA-TIFR

National Centre for Radio Astrophysics
Tata Institute of Fundamental Research
Pune University Campus, Pune 411 007

APPLICATION FOR COMING LATE / GOING EARLY BY ONE HOUR

Name _____ Designation _____

Section _____ Date _____

Reason for Coming later / Going early _____

Date: _____

Signature of the Applicant

Recommending Authority

Sanctioning Authority

Name: _____

Name _____

Designation _____

Designation _____

National Centre For Radio Astrophysics
TATA INSTITUTE OF FUNDAMENTAL RESEARCH

Compensatory Off Application form
(Use Separate Form For Each Day Worked)

PART I

To,

You are requested to work on _____ (_____ day) to attend to the urgent work explained to you personally/written. You may avail compensatory off within the stipulated period.

Signature of Reporting Officer

Noted:

Signature _____

Name & Comp. Code _____

Designation _____

To,
Administration Department
for necessary action

PART II

To be returned to the Administration Department

Sir,

Date _____

I wish to avail compensatory off on _____ for having worked on _____ which may kindly be sanctioned.

Recommended/not Recommended

Signature of the applicant

Signature

Sanctioned / Refused

Sactioning Authority

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FROM

(Date)		(Month)		(Year)			

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 Date :

Sactioning
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 Date :

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Earned leave _____ days
Half pay laeve _____ days
Vacation _____ days

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Establishment Officer

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