



CENTRAL INSTITUTE OF HIMALAYAN CULTURE STUDIES
 Dahung::West Kameng District::Arunachal Pradesh-790116
 Phone: 03782 207030, email: cihsdahung@gmail.com
 (An Autonomous Body of the Ministry of Culture, Govt. of India)



(LEAVE APPLICATION FORM)

PARTICULARS	OFFICE REPORT
1. Name of applicant:	<u>Statement of leave taken</u>
2. Designation:	Kind of Leave - Leave Due
3. Department/Section:	1. Casual/Compensatory:
4. Nature of Leave: (CL/EL/RHL/DL/Commuted Leave, etc.)	2. Earned/Medical :
5. Purpose of Leave:	3. RHL :
6. Period of leave required: From.....to.....	4. Extraordinary/Study :
Prefix/Suffix (If any) to be added.....	5. Maternity/Paternity :
7. Address where on leave:	6. Child Care/Duty :
M/No.....	Leave applied for is admissible/not admissible according to Rule.....
Date.....
Signature of Applicant	Dealing Asstt.
Forwarded By:	Sanctioned/not granted/ referred to the Board of Management.
The concerned Head of the Dept./Section	AAO
with date:	
In the absence of applicant who will look after his/her day to day work.	Director
Signature of the concerned person with date	

- Compensatory Leave is only for Non-Teaching Staff
- Compensatory Leave will not carry-forward for next year
- Festival scheduled by CIHCS and National Festival is not admissible in Compensatory Leave