

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



(LEAVE APPLCATION FORM)

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

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

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