



**Indian Institute of Advanced Study**  
RASHTRAPATI NIVAS, SHIMLA – 171 005

**APPLICATION FOR CASUAL LEAVE**

1. **Name of Applicant** :
2. **Designation** :
3. **Department** :
4. **Pay Roll NO.** :
5. **Days of Leave and DATE** : **From:**  
**TO :**
6. **Reason** :
7. **Address during leave period:**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

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**Leave is sanctioned subject to the availability/eligibility.**

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**Signature of sanctioned Authority**