



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान कोलकाता  
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH KOLKATA

FORM RS-01

**LEAVE APPLICATION**  
(PhD/IPhD/MR Students)

1. Name of the Student				
2. Roll No.		3. Department		
4. Nature & Period of Leave (For Academic Leave, Commuted Leave, Maternity Leave, Paternity Leave etc. please attach supporting papers)	Nature	From	To	No. of Days
5. Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days:
	Suffix	From:	To:	No. of Days:
6. Reasons for leave				
7. Whether <b>Station Leave Permission</b> required or not	Yes, From:	To:	NO	
8. Address while on leave (if permission for leaving institute/ hostel/ headquarters requested)				
	Contact No. (during leave):	Pin:		
9. Leave Status (No of Days leave already availed during the Academic Year)				

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

**Remarks and / or recommendation of the Supervisor:**

--

\_\_\_\_\_  
Name of the Supervisor

\_\_\_\_\_  
Signature of the Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved / NotApproved

(DoAA/ADoAA)

\_\_\_\_\_  
Signature of the Chairperson

Department of \_\_\_\_\_

Date: \_\_\_\_\_

DEPARTMENT OFFICE USE			
Balance of Leave as on .....		Entry to be made in the Goggle sheet	

*Note: All kinds of leave should be applied in this form and forwarded to DoAA/ADoAA Office after approval of the concerned Chairperson of the Department. Please attach necessary supporting documents wherever necessary.*