



Leave Form for DORA Project Staff

Name of the Applicant: \_\_\_\_\_

Designation: \_\_\_\_\_

Project No. : \_\_\_\_\_

PI Name: \_\_\_\_\_

Duration: From \_\_\_\_\_ To \_\_\_\_\_

No. of days applied for: \_\_\_\_\_

Date of resumption on duty: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Address/Telephone No. during leave: \_\_\_\_\_

Date:

Signature of Project Staff

Approved/Not Approved

Signature of PI

Submitted to:  
DORA Office

Total Leaves    Leaves Already Availed    Balance Leave

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