

FORM-8

**HUMAN RESOURCE DEVELOPMENT GROUP, CSIR
CSIR Complex, Library Avenue, Pusa, New Delhi-110 012**

SENIOR RESEARCH ASSOCIATESHIP

**REQUEST FOR GRANT OF LEAVE (2 copies are to be submitted)
(TO BE FILLED IN BY THE SENIOR RESEARCH ASSOCIATE)**

1. *SRA (Pool) Number _____
2. Name of Senior Research Associate _____
3. Date of Joining _____
4. Organization to which attached (full address) _____

5. Type of leave applied for:
Earned*, Maternity*, Extraordinary**, Leave on secondment**
6. Duration of leave with dates _____
7. Purpose for which the leave is required (Attach a medical certificate, if the ground for leave
are medical in nature)
8. Address for communication when on leave _____
9. Types of leave already granted to you while you have been a Senior Research Associate

Type of leave	Duration	Dates

Recommended/Not recommended

Signature of the Sr. Research Associate

Date:

Place:

Signature of the Head of Department
with official seal

*To be sanctioned by the Head of the Department where the SRA is working

** to be sanctioned by HRDG, CSIR, New Delhi.

SRA, wherever occurs, to be read as Senior Research Associate.