,¹÷¸¹£Æ÷¸ ˆÅ¸¡¸Ä ž¸Î¸¸ / œÏ¹÷¸œ¸»¹÷¸Ä ŽºØú ™¸¨¸¸ œÏœ¸°¸

Extra Work Allowance/Comp.Off Claim Form

¹™›¸¸¿ˆÅ /Date : ----------

¬¸½¨¸¸ Ÿ¸½¿ / To
¹›¸™½©¸ˆÅ ‡¨¸¿ ¨¸¹£«“ œÏ¸½û½Å¬¸£/The Director & Sr.Professor
¸¸ƒ.¸¸ƒ.œ¸ú.‡¬¸./IIPS
™½¨¸›¸¸£/Deonar
Ÿ¸ºŸ ¸ƒÄ/Mumbai - 400 088.

Ÿ¸-¸½™¡¸/Sir,

---------- ˆ½Å ¸™½©¸¸›¸º¬¸¸£ ¹›¸Ÿ›¸¹¥¸¹‰¸÷¸ ¬¸½ ¬¸¿ ¸¿¹š¸÷¸ˆÅ¸¡¸½ô ˆ½Å ¹›¸«œ¸¸™›¸ ˆ½Å ¹¥¸‡ Ÿ¸º ¸½, ˆÅ¸¡¸Ä¥¸¡¸ ¸¨¸¹š¸ ˆ½Å ¸¹÷¸¹£Æ÷¸ (ŽºØú ˆ½Å ¹™›¸ /©¸¹›¸¨¸¸£/£¹¨¸¨¸¸£/ˆÅ¸¡¸Ä¥¸¡¸ ¸¨¸¹š¸ ˆ½Å œ¸»¨¸Ä ¡¸¸ ¸¸™ Ÿ¸½¿)----------¬¸½ ---------- ÷¸ˆÅ ˆÅ¸¡¸Ä ˆÅ£›¸¸ -¾ :-

As instructed by ----------, I have to work overtime on----------(Closed Holidays/Saturday/Sunday/before or after office hours) from ----------to ---------- for performing the following duties pertaining to :

¸÷¸: Ÿ¸º ¸½ ÷¸÷¬¸¿ ¸¿¹š¸÷¸ ¬¨¸úˆÅ¸¡¸Ä ¸¹÷¸¹£Æ÷¸-ˆÅ¸¡¸Ä ž¸Î¸¸/œÏ¹÷¸œ¸»¹÷¸Ä ŽºØú œÏ™¸›¸ ˆÅú ¸¸‡ —

Hence, the necessary extra work allowance/comp.off as admissible, may please be granted for the same.

ž¸¨¸™ú¡¸/Yours faithfully,

(œ¸™š¸¸£ú ˆ½Å -¬÷¸¸®¸£/Signature of the incumbent)

(›¸¸Ÿ¸ ÷¸˜¸¸ œ¸™›¸¸Ÿ¸ /Name and Designation)

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¹¬¸ûÅ¸¹£©¸ ˆÅ£›¸½¨¸¸¥¸½ œÏ¸¹š¸ˆÅ¸£ú ˆ½Å -¬÷¸¸®¸£/
Signature of the Recommending Authority

¬¨¸úˆ¼Å÷¸/Sanctioned

œÏ©¸¸¬¸¹›¸ˆÅ ¸¹š¸ˆÅ¸£ú ˆ½Å -¬÷¸¸®¸£ /
Signature of Registrar

¹›¸™½©¸ˆÅ/DIRECTOR