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अन्तर्राष्ट्रीय जनसंख्या विज्ञान संस्थान
(विश्वविद्यालय समतुल्य)*
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार का स्वायत्त संगठन
गोवंडी स्टेशन रोड, देवनार, मुम्बई- 400 088. भारत

(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)*
An Autonomous Organization of Ministry of Health & Family Welfare, Govt. of India
Govandi Station Road, Deonar, Mumbai -400 088. INDIA

G-53/OO/Duty Leave(within state)/0581 /2025
Date : 28.07.2025

OFFICE ORDER

In continuation to earlier Office Orders bearing no. G3/OO/Foreign Travel/ 0537/2025 dated 16.07.2025 issued with regard to Foreign Travel, all the faculty members are hereby instructed to follow the following instructions for all the Duty Leave as applicable for travel leaving station:

(1) Any duty leaves for leaving station should be routed through HoD while applying for Duty Leave on E-File first, atleast one week prior to travel.
(2) All the details pertaining to purpose of travel, invitation if any received from any organization/institute etc. should be attached.
(3) Faculty member applying for duty leave have to give an undertaking that work allocated to them will not be hampered in their absence. The undertaking office as attached with this office order should be attached to the e-file.
(4) The approved e-file should be attached to the e-leave portal as supporting document for approval of Director & Sr. Professor (Additional Charge)

28.7.2025

(Director & Sr. Professor – Additional Charge)

Copy to :

(1) All the Faculty Member
(2) Administration Section
(3) AFO (I/c)
(4) Accountant – Dealing with TA/DA Settlement
(5) AR – Academic
(6) ICT- With a request to upload on the E-file Portal and Institute Website.

Enc : Undertaking form

UNDERTAKING FORM FOR DUTY LEAVE – STATION LEAVE (WITHIN STATE)

To be attached to the efile processed for approval

I, Dr..... from department ....., hereby undertake that the work related to my academic/administrative and/or project activities will not hamper in my absence from ..... to ..... total no. of days ..... as I shall be visiting/ have been invited by .....(details/purpose of visit).

Name of the Faculty : _____

Signature : _____

Date : _____