

**ICMR - NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH**  
**Plot No.I-7, Sector-39, Noida-201301**

1. Application for CL / RH / Compensatory Leave

If Compensatory leave (date of holiday)

2. Name of the Applicant

3. Post held

4. Period of leave \_\_\_\_\_ Days

5. Dates From \_\_\_\_\_ to \_\_\_\_\_

6. Reason of leave

Signature of applicant

Place:

Date :

Recommendation of the In-charge (with date)

----- days CL/RH due to his/her credit as on----- . Entry has been made in the leave account

Dealing Asstt.  
(with date )

Leave sanctioned/refused

Admn.Officer/Director