

**INSTITUTE OF CYTOLOGY & PREVENTITVE ONCOLOGY (ICMR)  
PLOT.NO.I-7, SECTOR-39, NOIDA**

Request for CL/Compensatory Leave

1. Name of the Applicant : \_\_\_\_\_
2. Post Held : \_\_\_\_\_
3. Nature of leave : Casual Leave/ Compensatory Leave/  
Restricted Holiday.
4. Period of Leave : From \_\_\_\_\_ To \_\_\_\_\_
5. Reason : \_\_\_\_\_  
\_\_\_\_\_
6. Whether permission to leave  
the station is required. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. My duties will be taken care of by : \_\_\_\_\_

Signature of Substitute  
(with date)

Signature of Applicant  
(with date)

Recommended : \_\_\_\_\_  
\_\_\_\_\_

Division-in-Charge : \_\_\_\_\_

\_\_\_\_\_ day/days CL/RH/Compensatory Off is due to his/her credit  
on \_\_\_\_\_.

Approved

Dealing Assistant

Admn. Officer/Director

Entry made in C/L register

Dealing Assistant