

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

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

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