

ICMR-National Institute of Cancer Prevention and Research
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