**Application for Casual Leave/Station Leave/Special Casual Leave**

1. Name: ………………………………….… 2. Personal File No. ……………………….
2. Designation : …………………………….. 4. Department/Section: …….……………...
3. Period of leave: From…….…………….. To ……………………….……………….
4. Station leave, if any: From ……………….(FN/AN) to ……………………………(FN/AN)
5. Purpose: …………………………………………………………………..…………….….
6. Leave Address/ Host Organization (in case of SCL attached the documents): ……………...

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1. Institute responsibilties assigned (consent must be obtained) during leave period: ………………………………………………………………………………………………..

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1. Any othetr Information: ………………………………………………………………………

Dated: ……………. (Signature of Applicant)

**Head of the Department**

**Director**