

INDIAN COUNCIL OF MEDICAL RESEARCH

1. NAME OF THE APPLICANT _____
2. DESIGNATION _____
3. DATE & DURATION OF LEAVE APPLIED FOR _____
4. NATURE OF LEAVE _____
5. PURPOSE OF LEAVE _____
6. SIGNATURE OF APPLICANT WITH DATE _____
7. CASUAL LEAVE AVAILED SO FAR _____
8. CASUAL LEAVE DUE _____
9. FORWARDING OFFICER'S REMARKS & SIGNATURE _____
10. RECOMMENDING OFFICER'S REMARK & SIGNATURE _____
11. REMARKS & SIGNATURE OF THE SANCTIONING AUTHORITY _____

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