

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS, CHENNAI

STATION LEAVE PERMISSION

Name:

Designation:

Section/Division:

Date of leaving station:

Date of return:

Purpose of leaving Station:

Address & Contact No. at the place of stay:

Whether Station leave is 'prefixed by' or 'suffixed by'. If so, nature & date of leave availed:

Signature:

Date:

HOD

Senior Administrative Officer