

Central Pulp & Paper Research Institute, Saharanpur
APPLICATION FOR CASUAL LEAVE/COMPENSATORY LEAVE/
RESTRICTED HOLIDAY

1. Name.....Designation.....
2. Period of Leave
Form.....To.....Total days.....
3. Permission to be away from H.Q.:
From.....To.....
4. Purpose of Leave.....
5. Address while on leave.....
.....

Date.....

Signature of the Applicant

Leave Recommended/Not Recommended

Signature
Name & Designation of the
Recommending Authority

Leave Sanctioned/Not Sanctioned

Signature
Name & Designation of the
Sanctioning Authority