



INDIAN INSTITUTE OF TECHNOLOGY INDORE

Application form for Casual Leave (CL)

1. Name of the Applicant _____
2. Designation _____ 3. Department/Section _____
4. Period of Leave _____
5. Purpose of Leave _____
6. Contact No. and Address _____
(During the period of leave)

Date _____

Signature of the Applicant

Signature of the Recommending Authority with date _____

(Name & Designation) _____

Signature of the Sanctioning Authority with date _____

(Name & Designation) _____



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