

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCE&TECHNOLOGY

THIRUVANANTHAPURAM-695011

APPLICATION FOR CASUAL LEAVE

Code:

Submitted to: TheDirector/Med.Supt/Admn.OfficerThrough.....)

Name of Employee:

Date:

Designation:

Signature:

Place of assignment:

Leave address with phone

Number if available :

No. of days required:

from

To

Reason for requesting leave

No. of days already availed during the year

Recommended/Not recommended

No.of days left during the year

Sig.of Head of Dept./ Officer

i / c of Div./ Section Supervisor

Sanctioned / Not sanctioned.

Date.....

DIRECTOR / MED.SUPT. / A.O

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