

National Institute of Technology, Sikkim

Application for station Leaves Permission

Date: _____

Name _____ Designation _____

Proposed absence form Head quarter including time _____ to _____

Leave applied from _____ to _____ (With Prefixed and Suffixed).

Purpose of Visit _____

Official Address (If on Tour)/ Contact Number and Address during absence _____

Comment of in-charge, if any _____

Signature of In-charge _____

Approved/ not approved

Applicant's Signature with date

Director, NIT Sikkim

National Institute of Technology, Sikkim

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