National Institute of Technology Sikkim

Application for station leaves Permission

			Date:
Name	Design	nation	
Proposed absence form Head	d quarter including time _	to	
Leave applied from	to	(With Prefixed and s	suffixed)
Leave Type	Purpose of Visit		
Official Address (If on Tour)/	Contact Number and Addre	ess during absence	
Comment of in-charge, if any			
Signature of In-Charge			
			Approved /not approved
Application's Signature			Director,NIT Sikkim
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