

TIFR CENTRE, BANGALORE - 560 012.

The Director

Date :

Sir,

I wish to apply for / day's / days' CASUAL LEAVE on

from • to / and

1. Full Name & Code Number :
2. Designation & Section :
3. Reason for Leave :
4. Leave due as on days.

Recommended / not recommended

Signature of the Applicant

Signature

Sanctioned / Refused

Sanctioning Authority