

Leave Form for Contractual Staff

Dated: _____

To,
(Agency Name)

Subject: Leave Application.

Name _____ Designation _____

Posted at Division _____ Leave required (Date) _____

Mobile Number _____ Email ID. _____

Address _____

Reasons _____

Recommended by concerned HOD _____

Signature of Applicant

Copy to:-

Administration Division,
Indian Pharmacopoeia Commission,
Ghaziabad - 201002.