

# INDIAN INSTITUTE OF MANAGEMENT RAIPUR

## Application For: Permission to leave Headquarters on Closed Holidays / Weekends (For Faculty and Group 'A' Officers)

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Dept. /Section \_\_\_\_\_ No. of Day(s) \_\_\_\_\_

From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_

Details of C.H. / Weekends:

\_\_\_\_\_

Complete postal address during the above period with Telephone No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that there is no academic/ official commitment pending for me during my above absence / I have made an alternative arrangement for the same as per the following details

\_\_\_\_\_

Date:

Signature of the Faculty / Officer

***Approved By***

**(Director)**