

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Application For: Permission to leave Headquarters on Closed Holidays / Weekends (For Staff – Group ‘B’ & Below)

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 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 employee

Recommended / Not Recommended By

Approved By

Section Head

Chief Administrative Officer