

To,

The Director
Institute of Pathology
Safdarjang Hospital Complex
New Delhi-110029

Sub: Application for permission to leave early/coming late.

Name of the Applicant :

Date

Reasons for coming late/leaving early for
an hour only :

Signature of the immediate Superior/Incharge :

Yours faithfully,

Recommendation of the Officer-in-Charge.

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Countersigned

Administrative Officer

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