

UTTARAKHAND SPACE APPLICATION CENTRE

Application for Casual Leave/RH

Name:	Designation:
No. of days required:	Section/Division:
From:	Prefixing:
To:	Suffixing:
Intervening closed holidays:	Address during Leave:
Purpose:	
Date:	
	Signature of Applicant
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CL/RH dueDays	Granted / Not Granted
CL/RH applied forDays	
Office Assistant	DIRECTOR

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