

केन्द्रीय आयुर्वेदी अनुसंधान संस्थान,
पंजाबी बाग (पश्चिम), रोड नं. 66, नई दिल्ली – 110026
Central Ayurveda Research Institute
Punjabi Bagh (West), Road No. 66, New Delhi – 110026

Request for Compensatory Leave

प्रार्थी का नाम

Name of the Applicant.

:

अनुभाग का नाम

Name of the Section

:

पद

Designation.

:

Date on which duty performed in
Lieu of which Compensatory leave
is being sought

:

Date on which Compensatory
leave is proposed to be availed

:

दिनांक:-

Date:-

प्रार्थी के हस्ताक्षर

Signature Applicant

नियंत्रित अधिकारी हस्ताक्षर

Controlling Officer Signature:

निदेशक (संस्थान)

Director (Institute)