

**FRAGRANCE & FLAVOUR DEVELOPMENT CENTRE
KANNAUJ**

CASUAL LEAVE APPLICATION

1. Name (in Block Letters) _____
2. Designation _____
3. Section in which working _____
4. Total CL required with dates
(Excluding intervening Holidays) _____
5. Total days of absence _____
6. Purpose of leave _____
7. Whether permission to leave
Head Quarter is required _____
8. Address during leave _____

Date :

Signature of Applicant

TO BE COMPLETED BY HEAD OF THE SECTION

Recommended/Not recommended, if any

Signature of Head of the Section

TO BE COMPLETED BY ADMINISTRATION

1. No. of days CL already availed _____
2. No. days availed during the
previous month _____
3. Has he/she availed CL without
prior permission Yes/No
4. No. of days now due at credit _____

Initial of Dealing Official

Signature of the Comp. Authority