

NATIONAL INSTITUTE OF TECHNOLOGY

JAMSHEDPUR

REQUEST FOR PERMISSION TO LEAVE STATION

1. Name :
2. Designation :
3. Department :
4. Purpose :
5. When the office purpose to Leave station (Date & Time) :
6. When to office purpose to Return To the station (Date & Time) :
7. Address during absence from The station :

Date:

Signature

Remarks of the Dept.  
Sanctioned

HOD