

NITIE/2017/21

**REQUEST FOR GRANT OF PERMISSION FOR
SHORT ABSENCE FROM WORK PLACE**

From :	Designation	Section	Date
To:	Duration of absence	From : To :	AM/PM AM/PM
Person to be visited	Designation	Section to be visited	
Purpose of visit	If not sanctioned how are you likely to be affected	Signature	
Sanctioned <input type="checkbox"/>	Comments	Signature	
Not sanctioned <input type="checkbox"/>		Section Head	

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