

NATIONAL INSTITUTE OF BIOLOGICALS  
(Ministry of Health & Family Welfare)  
Noida-201307 (U.P.)

Dated: \_\_\_\_\_

**LEAVE APPLICATION FORM**

NAME & DESIGNATION: \_\_\_\_\_

Leave to be taken on : \_\_\_\_\_

Nature of leave: **C.L./R.H./COMPENSATORY LEAVE\***

(\* In lieu of \_\_\_\_\_ )

Reasons \_\_\_\_\_

No. of leave \_\_\_\_\_

Sanctioned: \_\_\_\_\_

**SIGNATURE OF APPLICANT**