



**भारतीय प्रौद्योगिकी संस्थान रोपड़**  
**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**  
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**STATION LEAVE PERMISSION (SLP)**

1. Name : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Date(s) and Timing(s) for which Station Leave Permission is required : No. of days \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
5. Nature of Leave sanctioned (if applicable) : \_\_\_\_\_
6. Purpose of the Station Leave Permission : \_\_\_\_\_
7. Contact Number(s) and Address during station leave : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the applicant)

Permitted / Not permitted

(Signature of the HoD / Reporting Officer)

AR/DR (Estt.)