

NMICPS Technology Innovation Hub on Autonomous Navigation Foundation

Registered Office: C/o Indian Institute of Technology Hyderabad,
Kandi, Sangareddy (D) - 502284

Leave Form

Name of the Employee : _____

Designation : _____

Department/Section : _____

Reason for applying Leave : _____

Mobile No. : _____

Address, if going out of station: _____

Leave required for : _____ days from _____ to _____

Balance Leave available : _____ days

Person who will look after the responsibilities of the staff member applying leave:

Date:

Signature of Staff Member

Signature of Reporting Incharge

Signature of Reviewing Incharge