

Departure/Permission Report

1. Name of Employee with Designation _____

2. Division/Section _____

3. Date and time of departure for official work/assignment

Date: From _____ to _____ Time: From _____ to _____

4. Date and departure of personal work maximum for two hours in a particular day to be compensated within same week.

Date: From _____ to _____ Time: From _____ to _____

5. Reason & Nature of official assignment/personal work for leaving/being outside from the office

Signature of Employee

Sectional/Divisional Head

Recommended/Not recommended

Director

Approved/Not Approved

Note: After approval from competent Authority, the departure report may be handed over to the Establishment section, ICAR-CITH Srinagar for necessary action.
