

**INDIAN PHARMACOPOEIA COMMISSION**  
**Ministry of Health & Family Welfare, Government of India**  
**Sector-23, Raj Nagar, Ghaziabad -201002**

Dated: .....

**LEAVE APPLICATION FORM FOR CL/RH/CH**

**Name & Designation** : \_\_\_\_\_

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

**Nature of leave** : \_\_\_\_\_  
**(CL/RH/Compensatory leave)\*** : \*(In lieu of \_\_\_\_\_)

**Reasons** : \_\_\_\_\_

**No. of leave** : \_\_\_\_\_

SIGNATURE OF APPLICANT

Sanctioned: