

**COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP**

PERMISSION SLIP

Name of the employee: _____

Designation: _____

I.D No: _____

Section/Division: _____

Date & Time: _____

Reasons for leaving early: _____

Signature of the employee: _____

Name & Signature of Reporting officer: _____

Name and signature of HOD: _____

(Approved)

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