**V.O.CHIDAMBARANAR PORT TRUST**

**\_\_\_\_\_\_\_\_\_ DEPARTMENT**

Name & Employee No. **:**

Designation :

Nature of Leave applied for **:**

Period of Leave **:**

Permission of any **:**

Reason for the Leave **:**

Leave Address **:**

Previous CL availed **:**

Signature

 Date

Recommended for sanction pl.

Signature of Controlling Officer