**CL/RH Proforma**

|  |  |  |
| --- | --- | --- |
| **Name** | **:** |  |
|  |
| **Designation**  | **:** |  |
|  |  |  |
| **Leave required for**  | **:** |  | **Day (s)**  |  | **To** |  |
|  |
| **Prefixing/Suffixing** | **:** |  |
|  |  |  |
| **Reason of Leave** | **:** |  |
|  |
|  |  |  |
| **Dated :** |  | **Signature of Applicant** |