**CL/RH Proforma**

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