



INDIAN INSTITUTE OF PETROLEUM & ENERGY
भारतीय पेट्रोलियम और ऊर्जा संस्थान

REQUEST FOR PERMISSION TO LEAVE STATION

To

The Director
IIPE – Visakhapatnam

Name	:	
/DepartmentSection	:	
Designation	:	
Purpose	:	
Departure	:	Date Time
Arrival	:	Date Time
Address during the leave	:	Phone No.
During absence duties carried out by	:	

Signature of Employee:
Date:

Not / Recommended with Remark

Sign of the HoD/DIC

Not / Sanctioned

**Signature of Competent
Authority**