

**CHAUDHARY SARWAN KUMAR
HIMACHAL PRADESH KRISHI VISHVAVIDYALAYA
INFORMATION TECHNOLOGY CENTRE
PALAMPUR**

No. _____

Dated: Palampur, the: _____

OFFICE ORDER

With reference to his/her application dated _____

Shri/Smt. _____ is hereby informed that the OFFICER INCHARGE, INFORMATION TECHNOLOGY CENTRE, CHAUDHARY SARWAN KUMAR HIMACHAL PRADESH KRISHI VISHVAVIDYALAYA, Palampur has accorded sanction for _____ day(s) Earned leave/ Commuted leave on Medical ground (to be debited in _____ day(s) (HPL)/Half pay leave/ extra ordinary leave w.e.f. _____ to _____ with permission to prefix/suffix holidays falling on _____ in his/her favour.

It is certified that after expiry of above leave, Shri/Smt. _____ is likely to be posted/has been posted on the same post and at the same station from where he/she proceeded on leave.

Signatory Authority
CSK HPKV, Palampur.

Endst. No. Even.

Dated: Palampur, the:

Copy to:

1. Shri/Smt. _____

_____.

Signatory Authority,
CSK HPKV, Palampur.