

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
Establishment**

Permission for late Coming / Early going.

Date: _____

NAME : _____ ID Code.: _____. I may be permitted to attend office late / leave office early at/by _____ a.m. / p.m. on _____

To attend official work (Please specify) _____

For Annual Medical Check - up (B.A.R.C. Hospital)

Domestic /Personal reason.

Any other reason (Please specify) _____

Signature

Approved/ Not approved

Head of the Group/ Section

A..O.-C (Estt. Section)

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