

PERMISSION SLIP FOR LEAVING DUTY STATION

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Duty Station: \_\_\_\_\_  
Permitted Time: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Relationship with patient: \_\_\_\_\_

HOD, respective station Head

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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