

**NATIONAL INSTITUTE OF IMMUNOHAEMATOLOGY,  
13<sup>TH</sup> FLOOR, NEW M.S.BUILDING, KEM HOSPITAL CAMPUS  
PAREL, MUMBAI - 400 012.**

**Date :**

Dear Sir/Madam,

Kindly permit me to avail early going concession/permission on date \_\_\_\_\_  
time \_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_

Signature of Employee

Signature of HOD

Name of the Employee

Designation

Department