

NATIONAL DOPE TESTING LABORATORY

Government of India

JLN Stadium complex, East Gate No. 10, Lodhi Road, New Delhi- 110003

FOR TAKING PRIOR PERMISSION BY NDTL STAFF FOR ATTENDING THE LABORATORY WORK
ON HOLIDAYS

1. Name and Designation:-

2. Purpose of the visit:-

3. Date(s) for seeking permission to attend the Laboratory:

Signature:- _____

Name and Designation:- _____

4. Recommendation of the Group Head /Administrative Head:

Signature: _____

Name and designation: _____

To

Director, NDTL