

HF-1

West Bengal State Warehousing Corporation

(A Government Undertaking)

Khadya Bhavan , Block -B (4th Floor), 11A Mirza Ghalib Street, Kolkata – 700087

Absentee Statement from To.....

Sl No.	Name of the Employee with designation	No. of days absence	Mode of regulation of absence			Application of the period not submitted	Remarks
			C. L . date	E.L. applied or granted from ...to..	Medical Leave		