POLICE DEPARTMENT

APPLICATION FOR STUDY PERMISSION

- Name of the applicant :
 Designation and office in which working :
 Date of appointment :
 Court of study :
- 5. Academic year :
- 6. Month & Year in which the examination is to be held:
- 7. Name of the University/College:
- 8. Nature of study (Regular / Correspondence / Part-time):

DECLARATION

I hereby declare that my preparation for the examination will not affect my normal official duties.

SIGNATURE OF THE APPLICANT

Place : Date :