

APPLICATION FORM FOR LEAVE OR FOR EXTENSION OF LEAVE

1.	Name of the Applicant	
2.	Designation	
3.	Department, Office & Section	
4.	Pay Band	
5.	House Rent and other compensatory allowances drawn in the present post.	
6.	Nature & Period leave applied for & date from which required.	
7.	Sunday & Holidays, if any, proposed to be prefixed/suffixed to leave.	
8.	Grounds on which leave is applied for (Type of leave)	
9.	Date of return from last leave, & the nature and period of that leave.	
10.	I propose/ do not propose to avail myself of leave travel concession for the block years during the ensuing leave.	
11.	Address during leave period	
12.	Contact no in Emergency	

Signature of the Applicant
(with Date)

13. Remarks & / or recommendation of the Controlling Officer.

Signature (with Date)
Designation