

**APPLICATION FORM FOR LEAVE OR FOR EXTENSION OF LEAVE**

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| 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