

APPLICATION FORM FOR LEAVE

1.	Name of Applicant	:		
2.	Post held	:		
3.	Department, Office and Section	:		
4.	Pay	:		
5.	House rent allowance and other compensatory allowance drawn in the present post	:		
6.	Nature and period of leave	:		
7.	Number of days & date from which the leave required	:	Number of Days:	
			From	
8.	Sunday & Holidays if any, proposed to be prefixed to leave.	:	Prefix:	
			Suffix:	
9.	Ground on which leave, is applied for	:		
10.	Date of return from last leave, and the nature and period/suffixed of that leave	:		
11.	I propose/do not propose to avail myself of leave Travel Concession for the block years_____	:		
12.	Address during the leave period	:		

13. Remarks and / or recommendation of the Controlling Officer

Signature of Applicant
(with Date)

Signature/ Designation
(with Date)

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

14. Certified that _____ (Nature of Leave) for _____ from _____ to _____ is, admissible under Leave Rules 7.21 of CSKHPKV Statutes 1988.

Signature/ Designation
(with Date)

15. Order of the competent authority to grant leave

Signature/ Designation
(with Date)