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**APPLICATION FOR GRANT OF CASUAL LEAVE (C.L)/ COMPENSATORY
HOLIDAY (C.H)/ RESTRICTED HOLIDAY (R.H)**

Name of the Applicant :

Designation :

Division/Section to which attached :

Date for which CL/CH/RH Applied :

Reasons for request of CL/CH/RH :

If worked in connection with for CH :

Balance in Credit :

Out-Station Permission if any :

Date:

Recommendation/s of H.O.D

Signature of Applicant

Section Officer/Director for n/a please.