

**Application for leave or for extension of leave**

1. Name of Applicant :
2. Designation & Emp. No. :
3. Establishment :
4. Pay :
5. HRA and other C.C.As drawn :
6. Nature and Period of leave date  
From which required :
7. Sundays and Holidays proposed  
To be prefixed/ suffixed to leave :
8. Reasons for leave applied for :
9. Date of return from last leave and  
The nature and period of such leave :
10. I propose/do not propose to avail myself of L.T.C. for the Block year (s) ..... during  
the ensuring leave.
11. Address during leave period

Signature of Applicant /with date

12. Remarks and /or recommendation of the controlling Officer

Signature (with date)  
Designation \_\_\_\_\_

**Certificate regarding admissibility of leave**

13. Certified that ..... days Earned Leave and /or ..... days  
Half Pay Leave applied for from ..... to .....is  
admissible Rule

Signature (with date)

Per. Section .....

14. Order of the authority competent to grant leave

Competent Authority