



APPLICATION FOR CASUAL LEAVE / RESTRICTED HOLIDAY / COMPENSATORY LEAVE

1. Name of the Applicant : _____
2. Designation : _____
3. Deptt./Branch : _____
4. Date and Duration : _____
5. Purpose for which leave is applied for : _____
6. Whether sanction to leave the station also required : Yes / No

Signature of the Applicant

CERTIFICATE OF AVAILABILITY OF LEAVE
(To be given by the official maintaining the leave record)

- Leave Already Availed : _____
- Balance : _____
- Number of Leave Applied for : _____
- Page No. of the Register where entered : _____

Signature of the Official Maintaining Leave Register

Sanction of Recommendatory Authority
(Where applicable)

Orders of the Sanctioning Authority