

APPLICATION FOR LEAVE

- 1. Type of Leave applied for : _____
- 2. Name of the Applicant : _____
- 3. Designation : _____
- 4. Dept/Office/Section : _____
- Period of Leave - _____ Day(s) : From _____ To _____

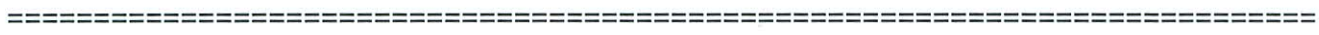
- 6. a) Prefix of holidays, if any : _____
- b) Suffix of holidays, if any : _____

- 7. Reason(s) for leave applied for : _____

- 8. (a) Whether permission to leave the station is required : Yes / No
- (b) If yes, address during leave period : _____

Date : _____

Signature of applicant



REMARKS OF THE CONTROLLING OFFICER

Recommended / Not Recommended.

Date : _____