

APPLICATION FORM FOR CASUAL/RESTRICTED LEAVE

1. Name of the applicant :-.....
2. Designation :-.....
3. Place of Posting/Office Name :-.....
4. Casual Leave :-.....
 - (i) Total Causal leave applicable :-.....
 - (ii) Previously availed till date :-.....
 - (iii) Now required (with date) :-.....
 - (iv) Balance ((i)-(ii)+(iii)) :-.....
5. Restricted :-.....
 - (i) R/H Admissible :-.....
 - (ii) Previously availed :-.....
 - (iii) Now required (with date) :-.....
 - (iv) Balance ((i)-(ii)+(iii)) :-.....
6. Purpose of leave :-.....
7. Gazetted Holidays and Sunday to be Prefixed and Suffixed :-.....

Signature of Applicant
With date

Remarks and recommendations of the officer.

Signature (With date)
Designation

Sanctioned by competent authority.

Signature of the Principal
(With office seal)