

Application For Earned Leave/Medical Leave

1. Name of applicant _____
2. Present Post held _____
3. Department _____
4. Present Pay _____
5. Nature and period of leave applied for and date from which
Required _____
6. Sunday and holidays, if any proposed to be Prefix / Suffix to
leave _____
7. Purpose for which leave is required _____
8. Date of return from last leave _____
9. I proposed / do not proposed to avail myself of leave travel concession for the Block
year _____
10. Leave address _____

Signature of the applicant with date

**Remarks and Recommendation of controlling
officer** _____

Signature with date and Designation

Estt.Section(CUL)