## **APPLICATION FOR LEAVE**

Note: - Item No. 1 to 9 must be filled in by all the applicants. Item No. 12 applies in the case of Government servants of Grade-16 and above.

1.	Name of applicant		
	Leave rules applicable		
	Post held		
	Department or office		
	Pay		
		conveyance Allowance or other Compensatory	
	Allowance drawn in the present post		
7.	(a) Nature of leave applied for		
	(b) Period of leave in days		
			8.
9.			(a) Date of return from last leave
	(b) Nature of leave		
D.		S	
Dat	ted	Signature of applicant	
10.	Remarks and recommen	ndation of the controlling officer	
11.	Certified that leave applied for is admissible under ruleand necessary conditions are		
	fulfilled.	Signature	
Dat	ted	Designation	
12.	Report of Audit officer_		
		Signature	
Dated		Designation	
13.		Order of the sanctioning authority certifying that on the expiry of leave the applicant is likely to Return to the same post or another post carrying the compensatory allowance being drawn by him.	
		Signature	
Dat	ted	Designation	