



APPLICATION FOR : CASUAL LEAVE (CL) / RESTRICTED HOLIDAY (RH)

Part – I : DETAILS OF EMPLOYEE

Sl. No	Description	Details
1	Employee ID No (As applicable)	
2	Name	
3	Programme / Branch / Office	
4	Department	
5	Leave Address	
6	Purpose	
7	Contact Nos	
8	Name of Reliever	
9	Duration of Absence	Leave duty station on _____ at _____ (date) (time) Arriving duty station on _____ at _____

Part-II : DETAILS OF LEAVE

Already Availed	Present requirement			
	No of days	From	To	Prefix / Suffix if any
				Prefix _____ Suffix _____

Date : _____ (Signature of Applicant)

Part-III : RECOMMENDING OFFICERS

Reporting Officer / HOD	CAO	Registrar
Signature :	Signature :	Signature :
Date :	Date :	Date :

Part – IV : SANCTIONING AUTHORITY

Date : _____ Signature of Sanctioning Authority

FOR OFFICE USE ONLY

Entitlement	Availed	Balance	Published Vide	Signature