

Application For Earned Leave/ Medical Leave

1. Name of Applicant _____
2. Appointment held _____
3. Department _____
4. Nature and period of leave applied for and date from which required

5. Sunday and holidays, if any, proposed as Prefix/ Suffix to leave

6. Purpose for which leave is required _____
7. Date of return from last leave _____
8. I propose / do not propose to avail myself of leave travel concession for the Block year

9. Leave address _____

Signature of the applicant with date

Recommended/ Not recommended _____
(Recommendation of HOD)

Signature with date and Designation

Approved/ Not approved _____
(Approval of Director)

Signature with date