

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

EMPLOYEE CODE NO :

NAME OF THE APPLICANT :

POST HELD :

DIVISION/SECTION/UNIT :

NATURE OF LEAVE :

NO. OF DAYS C.L/R.H :

PERIOD :

PURPOSE :

WHETHER STATION LEAVE PERMISSION IS REQUIRED :

ADDRESS DURING THE LEAVE PERIOD :

DATED :

(SIGNATURE)

Signature of the Controlling Officer

Name
Designation
Section/Division/Unit
Intercom/Telephone No
E-mail

Remarks if any :

Forwarded to Administration -I /II