

APPLICATION FOR COMMUTED/HALF-PAY LEAVE

Date :

1. EMPLOYEE CODE NO. :
2. NAME OF APPLICANT :
3. POST HELD :
4. SECTION/DIVISION :
5. INTERCOM/TELEPHONE NO. :
6. PERIOD OF LEAVE APPLIED (no. of days) :
- FROM :
- TO :
7. STATION LEAVING PERMISSION :
- FROM :
- TO :
8. REASON FOR APPLYING THIS LEAVE :
9. NO. OF LEAVES ALREADY AVAILED
 IN THE CURRENT YEAR :
10. ADDRESS DURING LEAVE PERIOD :
11. ALTERNATIVE ARRANGEMENT :

(Alternative employee details)

Signature

Signature:

Name :

Name :

Designation :

Designation :

Recommendation : YES/ NO

Checked by

HoD/ HoD- I/C

Junior Assistant

Verified by

Submitted by

Medical Officer

Assistant Registrar

Forwarded by

Registrar-I/c

Approved / Not Approved

Director

Note: To be printed on Pink Paper