[See Rule 3(h)] FORM 1 (See Rule -14)

APPLICATION FOR EARNED/ COMMUTED/HALF PAY/ EXTRA ORDINARY LEAVE OR FOR EXTENSION OF LEAVE

| | | . 1 | | |
|--|--|-----|---------|----------------------------|
| 1. | Name of Applicant | : | | |
| 2. | Post held | : | | |
| 3. | Department, Office and Section | : | | |
| 4. | Pay | | | |
| 5. | House rent and other | : | | |
| | compensatory allowances | | | |
| 2 | drawn in the present post | | | |
| 6. | Nature and period of leave | : | | |
| | applied for and date from which | | | |
| | required | | | |
| 7. | Sunday and holiday, if any | | | |
| | proposed to be | | | |
| | Prefixed/suffixed to leave | | | |
| 8. | Ground on which leave is | | | |
| | applied for | | | ī |
| 9. | Date of return from last leave | | | |
| 1 | and the nature and period of that | | | |
| | leave | | | |
| 10. | | | | |
| 10. | avail myself of leave Travel | | | |
| | concession for leave block year | | | |
| | during the ensuing | | | |
| | leave | 1 | | |
| 11. | | | | |
| 11. | Address daring rease pro- | | | |
| | | | | |
| | | | | Signature of the Applicant |
| | | | | (with date) |
| 13 | Remarks/ recommendation of the controlling Officer | | | |
| 12. Remarks/ recommendation of the controlling Officer | | | | |
| | | | | |
| | | | | Signature (with date) |
| | | | | Designation |
| 13 | Remarks/ recommendation of H | oD | HoC/HoS | |
| 13 | Remarks/ recommendation of the | 52, | | |
| | | | | Signature (with date) |
| | | | | Designation |
| | | | | |

Establishment Section