FORM OF APPLICATION FOR EARNED LEAVE

1. प्रार्थी का नाम
Name of applicant

2. पिता/पति का नाम
Fathers/Husband Name

3. लागू होने वाली छृढ़ी नियमावली
Leave Rules applicable

4. पद
Post held

5. विभाग कार्यालय और अनुभाग:
Department, office & section

6. वेतन
Pay

7. वर्तमान पद पर मिलने वाला मकान किराया, मकान सवारी मकान या अन्य प्रतिकर मकान
House Rent allowance, conveyance allowance, or other compensatory allowance drawn in the present post

8. मांगी गयी छृढ़ी की किस्सी, अवधि और उसे शुरू होने की तारीख
Nature and period of leave applied for and date from which required

9. रविवार और छृढ़ी के दिन यदि कोई हो जिन्हें छृढ़ी से पहले/बाद में जोड़ना पारंपरिक है?
Sundays and holidays if any, proposed to be prefixed/suffixed to leave

10. छृढ़ी मांगने का कारण
Ground on which leave is applied for

11. पिछली छृढ़ी से लौटने की तारीख और उस छृढ़ी की किस्सी तथा अवधि
Date of return from last leave and the nature and period of that leave.

12. मेरा विचार आगमी छृढ़ी में के लिए छृढ़ी यात्रा की रियायत लेने का है/नहीं?
I propose/do not propose to avail myself of leave travel concession for the block years during the ensuing leave.
13. I undertake to refund the difference between the leave salary drawn during leave on half average pay/commuted leave and that admissible during leave on half average pay/half leave pay which would not have been admissible had to provision to F.R. 81 (b) (I) rule ii(c) (iii) of the Revised Leave Rules 1933 not been applied in the even of my retirement from service at the end or during the currency of the leave.

14. I undertake to refund the leave salary drawn during "leave not due" which would not have been admissible had F.R. 81(c) Rule 11(b) of the Revised Leave Rules, 1933 not been applied in the ...... of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me.

15. Leave address of the applicant .............................................................

16. Certificate Regarding Admissibility

17. Orders of the sanctioning authority

Date:

Date:

Date:

Date:

Date:

Date: