

FORMAT OF APPLICATION FOR LEAVE

| | | |
|--------|---|---|
| 01. | Name of applicant | |
| 02. | Leave Rules applicable | The All India Services (Leave) Rules, 1955 |
| 03. | Designation of Post Held at the time of proceeding on Leave | |
| 04. | Department or Office | |
| 05. | Pay at the time of proceeding on Leave along with current pay matrix | |
| 06. | Nature of leave applied for (Please state one) | |
| 07. | Period of leave applied for and date from which required with indication of suffixing and prefixing period | |
| 08. | Ground on which leave is applied for | |
| 09. | If the Leave is for medical ground, whether medical certificate has been attached ? | |
| 10. | Details justification for extension of leave, if required. | |
| 11. | Details justification for combination of leave, if required. | |
| 12. | For Ex-India Leave, whether prayer has been submitted in prescribed format for foreign visit ? | |
| 13. | If the leave is related to LTC/HTC, whether prayer has been submitted in prescribed format to avail of LTC/HTC ? | |
| 14. | Date of return from last availed Earned / Commuted Leave and period of the leave. | |
| 15. | Details of communication address during the period of proposed leave. | |
| 16. | Contact No. of officer during the period of proposed leave | |
| 17. | Email address of officer during the period of proposed leave. | |
| 18. | <p>a) I undertake to refund the differences the leave salary drawn during leave on average pay / commuted leave & that admissible during leave and on half average pay / half pay leave which would not have been admissible had the provisio to [Rule 184(b) / Rule 172(c)(iii) of the WBSR Part I] not been applied in the event of my retirement from service at the end or during the currency of the leave.</p> <p>(b) I undertake to refund the leave salary drawn during leave not due which would not have been admissible had the Rule 184(c) / 173 of WBSR Part I not been applied in the event of my Retirement from service at the end of during the currency of the leave.</p> | |
| Date : | | Signature of Applicant with official seal |
| 19. | Remarks and /or recommendation of the Controlling Officer | |
| 20. | Date : | Signature of Controlling Officer with official seal |

21. Statement of leave granted to applicant previous to this application :

| Nature of leave | In Current Year | During Past Year | Total |
|--|-----------------|------------------|-------|
| Privilege / On average pay Earned Leave average pay /Commuted on half average pay on M.C./Half Pay/ Leave not due/Extraordinary Leave | | | |
| Total | | | |

22. Certified that leave onAverage Pay
(Earned Leave)

For months and days fromto
is admissible under article / rule of
...../ W.B.S.R. Part I.

Date : _____

Signature

Designation :

23. Order of the Sanctioning Authority :

Date : _____

Signature

Designation :

If the applicant is drawing any compensatory allowances the Sanctioning Authority should state whether on the expiry of leave he is likely to return to the same post or to mother post carrying similar allowance.