

FORM I

SEE RULE (8)

**APPLICATION FOR EARNED LEAVE/ COMMUTED LEAVE AND FOR
EXTENSION OF EARNED LEAVE/ COMMUTED LEAVE ETC.**

(For use by the Government Servant applying for leave).

1. Name of Applicant : _____
2. Designation : _____
3. Department : _____
4. Nature and period of
leave applied for with
date : _____
5. Sunday(s) and holiday(s)
if any, proposed to be
prefixed or suffixed to
leave : _____
6. Grounds on which leave
is applied for : _____
7. Date of return from
last leave : _____
8. Whether Medical Certificate
enclosed in case the leave
is on medical ground: _____
9. Address during leave
period : _____

Submitted for sanction, please.

Signature of applicant
with date

To,

