

**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,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_