FORM OF EARNED LEAVE APPLICATION O.G.F.R (Rule -67)

1.	Name of the app	plicant :-			
2.	Leave Rules Ap	oplication :-			
3.	Post Held				
4.	Office/Departm	ient :-		at at a sign to the sign of	
5.	Pay	j- ,			
6.	House Rent allowance conveyance allowance or				
	Other compensatory allowance drawn in the present				
	Post	:		The second second second second second	
7.	Nature and period is applied for :-				
8.	Ground on which leave applied for:-				
9.	Date of return from the last				
	Leave and period	dofleave :-			
Plac	ce:				
			Signatur	re of the applicant	
	FOR USE IN OFFICE				
	1. Statement of le	eave granted to the app	licant prior to this appli	ication.	
N	lature of Leave	In the current year	During the previous	Total	
			year		
		1	-		
	(i) Earned Le	ave :-			
	(ii) Half pay le	eave :-			
(iii) Special disability leave/				to Ethical Control of the Control of	
Study leave/Maternity leave :-					
	(iv) Extraordir	nary leave :-			
			Total.		
	2. Certified that	Sri/Smt			
	has the follow	ving leave at his/her cre	edit on		
Earned Leave :-					
	Half pay Leave :-				
	3. Order - Reco	mmendation			
	Date				
	Date				
	Date		Signature of the	he Head of Office	