

**Indian Sign Language Research and Training Centre (ISLRTC)**  
**Department of Empowerment of Persons with Disabilities**  
**Ministry of Social Justice and Empowerment**  
**Government of India**

**APPLICATION FOR CASUAL LEAVE/RESTRICTED HOLIDAY**

Name of Applicant \_\_\_\_\_

Unit \_\_\_\_\_ Post \_\_\_\_\_

Nature of Leave \_\_\_\_\_

No. of days \_\_\_\_\_ Dates \_\_\_\_\_

Reason for which required \_\_\_\_\_

Address during leave \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant

Leave substitute:

Date \_\_\_\_\_ Signature of Link Officer/  
Co-ordinating Official

Remarks of concerned Supervisor \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Certified that the applicant has the applied leave due at his/her credit.

As on date there are \_\_\_\_\_ Casual Leave and \_\_\_\_\_ Restricted Holidays due at applicant's credit.

Date \_\_\_\_\_ Signature of the Officer/Clerk maintaining the Leave Account

Order of the Leave Sanctioning Authority have been noted and the Leave has been recorded.

Orders of the Leave Sanctioning Authority:-

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Leave A/c Clerk