

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

Remarks/Comments if any

Date _____ Signature of Link Officer/
Reporting Officer

Remarks of concerned Supervisor _____

Date _____ Signature _____

Remarks of HoD (APS) _____

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