

**Application For Earned Leave/Medical Leave**

1. Name of applicant \_\_\_\_\_
2. Present Post held \_\_\_\_\_
3. Department \_\_\_\_\_
4. Present Pay \_\_\_\_\_
5. Nature and period of leave applied for and date from which Required \_\_\_\_\_
6. Sunday and holidays, if any proposed to be Prefix / Suffix to leave \_\_\_\_\_
7. Purpose for which leave is required \_\_\_\_\_
8. Date of return from last leave \_\_\_\_\_
9. I proposed / do not proposed to avail myself of leave travel concession for the Block year \_\_\_\_\_
10. Leave address \_\_\_\_\_  
\_\_\_\_\_

**Signature of the applicant with date**

**Remarks and Recommendation of controlling officer** \_\_\_\_\_

**Signature with date and Designation**

**Estt. Section (CCE)**