



**Application for Earned Leave/ Medical Leave/
Extra Ordinary Leave/ Maternity Leave/ Paternity Leave**

Permission to leave HQ required (Yes/No)

1. Name of the Applicant :
2. Designation and Department:
3. Nature/Type of leave :
4. Period of leave : From.....To.....Number of days.....
5. Sunday/Holiday, if any proposed to be: Prefixed:..... Suffixed:.....
6. Purpose for which leave is applied for:.....
7. Address and contact number during leave period:
8. Date of return from last leave:.....Nature:.....Duration of last leave:.....days

Name and Signature of Reliever:

Date:.....
Signature of Applicant

9. Remarks of Recommending Authority: **Recommended / Not Recommended**

Date:.....
Signature of Recommending Authority

10. Remarks of Sanctioning Authority: **Sanctioned / Not Sanctioned**

Date:.....
Signature of Sanctioning Authority

For Administrative Use Only:

EL in Account:

EL Applied for:

EL Balance: