

APPLICATION FOR LEAVE (For both Gazetted and Non-Gazetted Govt. Servants)

Note—Items 1 to 10 must be filled in by all applicants whether Gazetted or Non-Gazetted. Items 13 applies only in the case of Gazetted officers. Items 14 and 15 apply only in the case of Non-Gazetted Officer.

1. Name
2. Leave rules applicable
3. Post held
4. Department or Office
5. Pay
6. House rent allowance, conveyance allowance or other compensatory allowances *drawn in the present post.
7. Nature and period of leave applied for and date from which required.
8. Ground on which leave is applied for
9. Date of return from last leave, and the nature and period of that leave.
10. Leave address, if granted
11. I undertake to refund the difference between the leave salary drawn during leave on average pay / commuted leave and that admissible during leave on half average pay/half pay leave, which would not have been admissible had the proviso to F. R., 81 (b) (ii) / M.B.F.R. 79 (c) / Rule 11 (c) of the Revised Leave Rules, 1933 / Rule 14(c) of Madhya Pradesh Revised Leave Rules 1934 / Rule 1983 (c) of the Rajasthan Service Rules, not been applied in the event of my retirement from service at the end or during the currency of the leave.

Date200

Signature
&
Designation }

12. Remarks and/or recommendation of the Controlling Officer.

Date200.

Signature
&
Designation }

13. Report of the Audit Officer

Date 200.

Signature
&
Designation }

14. Statement of leave granted to applicant previous to this application—

| Nature of leave | In current year | During past year | Total |
|----------------------------------|-----------------|------------------|-------|
| (1) | (2) | (3) | (4) |
| Privilege/on average pay/Earned | | | |
| On average pay on M. C./Commuted | | | |
| On half average pay/half pay | | | |
| Not due | | | |
| On quarter average pay | | | |
| Extraordinary | | | |

Total

15. Certified that leave on average pay/earned leave for month and days
 from 200 to 200 is admissible
 under of the

Date 200

Signature
&
Designation }

16. Orders of the Sanctioning authority

Date 200

Signature
&
Designation }

*If the applicant is drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.

APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant : _____
2. Designation : _____
3. Dept/Office/Section : _____
4. Name of Child for whom Child Care leave is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which child will be attaining 18 years. : _____
7. Is the child among the two eldest Children : Yes/No
8. EL in credit (as on date) : _____
9. Period of Leave- Days : From _____ To _____
Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave applied for : _____
11. Total Child Care Leave availed till date : _____
12. (a) Whether permission to leave station is required : Yes/No
(b) If Yes, Address during leave period : _____

13. Date of return from last leave, & nature and period of that leave : _____

Date : _____

Signature of applicant
Pay Card No. _____

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended.

Date : _____

Signature _____

Designation _____

Office _____

त्यौहार अग्रिम हेतु प्रार्थना पत्र

1. आवेदक का नाम
2. पदनाम
3. मूलवेतन
4. आवेदक क्या स्थाई/अस्थायी कर्मचारी है
5. त्यौहार का प्रकार
6. चाही गई राशि
7. क्या पूर्व में अग्रिम लिया गया था
हाँ तो कब ?
8. क्या पूर्व अग्रिम की कटौती शेष है,
हाँ तो कितनी ?
9. अग्रिम की वापसी कितनी किश्तों
में की जानी

आवेदक का हस्ताक्षर