

APPLICATION FOR LEAVE

Date:

To,
The Director,
Saha Institute of Nuclear physics,
Kolkata.

Sir,

I shall feel much obliged if you kindly grant me Earned Leave/Leave on Medical Certificate (Commutated)/ Compensatory Leave for days fromto

The requisite particulars in this connection are furnished below:-

1. Name :
2. I.D No :
3. Post held :
4. Group/Division/Section :
5. Ground on which leave is applied for :
6. I propose / do not propose to avail myself of Leave Travel Concession for block yearto during the ensuing leave.

(Signature of the applicant)

(The above portion is to be filled in by the applicant. Strike out whichever is not applicable.)

Remarks and/ or recommendations of the Head of the Group/Division/Section.

Signature.....Designation.....Date.....

Notes regarding leave account

Order of the sanctioning Authority

Certified that the leave applied for is admissible
Under the leave rules of the institute.

Director :
Date :

Establishment Officer