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 (Commuted)/ Compensatory Leave for ……………………….. days from …………………………………………..to …………………………………………………….

 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 year ………………………………to …………………………….. 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 Director :

Under the leave rules of the institute. Date :

Establishment Officer