

## Form No.6

## **LEAVE APPLICATION FORM**

(For Casual Leave / Restricted Holiday)

|  | (1 01 00   | sual Leave / Nestricleu Hollday) |                               |
|--|--|----------------------------------|-------------------------------|
| 1.   | Name of the employee   |                                  |                               |
| 2.   | Designation  |                                  |                               |
| 3.   | Nature of leave applied for [CL / RH ]   |                                  |                               |
| 4.   | Period of leave  |                                  |                               |
| 5.   | Total Number of days   |                                  |                               |
| 6.   | Grounds on which leave has been applied for  |                                  |                               |
| 7.   | Station Leave Permission required : If yes, indicate the address and contract number during station leave period | Yes / No                         |                               |
| Date: Signature of Applic                      |  |                                  | Signature of Applicant        |
| FOR OFFICE USE ONLY                            |  |                                  |                               |
| Leave availed as on: Days Balance leave : Days |  | <u>Forwarded</u>                 | Leave Approved / Not Approved |
| CFAO   |  | Unit Head/Reporting Officer      | Director                      |