FORM 1 [see Rule 14]

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1	Name of Applicant				
2	Post Held				
3	Department, Office and Section				
4	Pay				
5	House Rent and Other Compensatory Allowances drawn in the present post				
6	Nature and Period of leave applied for and date from which required				
7	Sundays and holidays, if any, proposed to be prefixed/suffixed to leave				
8	Grounds on which leave is applied for				
9	Date of return from last leave, and the nature and period of that leave				
10	I propose/do not propose to avail myself to leave travel concession for the block yearsduring the ensuing leave				
11	Address during leave period				
Signature of Applicant (with date) 12. Remarks and /or recommendation of the Controlling Officer					
CERTIF	ICATE REGARDING ADMISSIBILITY OF LEAVE	Signature (with date) Designation			
13. Certified that(nature of leave) for(Period)fromtoto					
is admissible under Ruleof the Central Civil Services(Leave) Rules,1972.					
		Signature (with date) Designation			
14. Orders of the authority competent to grant leave					

Signature (with date) Designation

कार्यालय महालेखाकार (ले. एवं हक.) उत्तराखण्ड देहरादून

OFFICE OF THE AG (A&E) UTTARAKHAND, DEHRADUN

आकस्मिक अवकाश हेतु आवेदन-पत्र APPLICATION FOR CASUAL LEAVE

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Th	e			
1.	नाम / पद			
	Name / Designation			
2.	अनुभाग			
	Section			
3.	व्यक्तिगत संख्या			
	Personal No			
4.	अवकाश की अवधि दिनांकसेसे			
	Leave duration date from to to			
5.	उद्देश्य कार्य			
	Purpose			
6.	अगर स्टेशन छोड़ रहें हों तो अवकाश पर रहने का पता			
	Leave address, if going out of station			
	Mobile Number:			
काश	श स्वीकृत / अस्वीकृत			
ive	sanctioned/ not sanctioned	प्रार्थी के हस्ताक्षर		
		Signature of Applicant		
		दिनांक/Date		
	प्राधिकारी			
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Leave Sanctioning Authority

Date