

**APPLICATION FORM FOR EARNED LEAVE/Medical Leave OR 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 : NA
6. Nature and period of leave : **Earned Leave/ Medical Leave**
7. Number of Days & date from which the leave required : Number of Days:  
FROM \_\_\_\_\_ TO \_\_\_\_\_
8. Sunday, and holidays, if any proposed to be prefixed/suffixed to leave : \_\_\_\_\_
9. Grounds on which leave is applied for : \_\_\_\_\_
10. Date of return from last leave and the nature and period of that leave : \_\_\_\_\_
11. I propose/do not propose to avail myself of leave travel concession for the block years \_\_\_\_\_
12. Address during the leave period : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant  
(With date)

13. Name of alterative Faculty /Resident /Tutor with signature. : \_\_\_\_\_

14. Remarks and or recommendation of the controlling officer.

Signature/Designation  
(With date)

15. Remarks and or recommendation of the Head of the Department.

Signature/Designation  
(With date)

For Administrative Use Only:

**EL/ HPL in Account:**

**EL/ HPL Applied for:**

**EL/ HPL Balance:**

**Sub- Dean:**

**Dean:**

**Director:**