

Application for grant of Earned leave

1.	Name of the Applicant (IN BLOCK LETTER	
2.	Section in which attached Room No./ Telephone No.	
3.	Present post held	
4.	Permanent post held	
5.	Nature & period of leave applied for And date from which required	
6.	Saturday / Sunday and holiday, if any Proposed to be prefixed / suffixed	
7.	Ground on which leave applied for	
8.	I do not propose to avail myself Leave Travel Concession for the Block Year during the ensuing leave	
9.	Date of return from last leave and Period of leave	
10.	Address during leave period	
11.	In the event of my resignation or Voluntary retirement from service undertake to refund:- a. The difference between the leave salary drawn during commuted leave and admissible during half day leave which would not have been admissible and sub rule (i) or rule (30) not been applied. b. The leave salary drawn during " Leave Not Due " which would not have been admissible and sub rule (i) or rule (30) not been applied (score out whichever not applied).	

Date:

Signature of Applicant

PART-B

(To be completed by the Officer, recommending leave)

Leave applied for is recommended. The statement at item No. 8 of part A
above has been/may be verified from the attendance register. A above has been may
be verified from the attendance register.

Signature of the Officer
Recommending leave
with
Date

कृषि मंत्रालय
कृषि एवं सहकारिता विभाग
अर्थ एवं सांख्यिकी निदेशालय

दिनांक

कार्यभार संभालने की सूचना

दिनांक से दिनांक तक दिन अर्जित
अवकाश/चिकित्सा अवकाश के बाद मैं आज दिनांक -अपरान्ह/पूर्वान्ह को कार्य भार
संभालने की सूचना देता हूँ। अवकाश के अन्त में जो कि
दिनांक है।

दिनांक :

हस्ताक्षर
नाम
पद
अनुभाग

Government of India
Ministry of Agriculture & Farmers Welfare
(Department of Agriculture, Cooperation & Farmers Welfare)
Directorate of Economics & Statistics

APPLICATION FOR CASUAL LEAVES/RESRTICTED HOLIDAY

Name	
Designation	
Date/Period of C.L/R.H	
Ground (Name of festival in case of R.H.)	
	Signature with Date

Section Officer

C.A.O

Government of India
Ministry of Agriculture & Farmers Welfare
(Department of Agriculture, Cooperation & Farmers Welfare)
Directorate of Economics & Statistics

APPLICATION FOR CASUAL LEAVES/RESRTICTED HOLIDAY

Name	
Designation	
Date/Period of C.L/R.H	
Ground (Name of festival in case of R.H.)	
	Signature with Date

Section Officer

C.A.O