

**APPLICATION FOR LEAVE WITH /WITHOUT ALLOWANCE
FOR GRAMIN DAK SEVAKS**

1) Name _____

2) Designation _____

3) Nature & Period of Leave Required (Paid leave/LWA) _____

4) Date from which leave is required _____

5) Ground on which Leave applied _____

(Personal affairs/Medical Ground/ to officiate in a Deptt. Post)

6) Full address while on leave _____

7) Name, Age & Address of the Substitute _____

8) Specimen Signature of the Substitute _____

9) Aadhaar No of Substitute

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10) Aadhaar linked mobile number

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I hereby propose that Sri/Smt _____

Whose particulars are given above to work as my substitute during my leave on my responsibility according to the terms of the security bond executed by me.

I am aware of the provisions of Rule 7 of the Department of Posts Gramin Dak Sevaks (Conduct & Employment) Rules 2001 and I will abide by them.

Charge Reports sign by me and my nominee will be submitted as prescribed in Rule 50 of Rules for Branch Offices/Rules 45&56 of P7T Manual Volume IV.

Necessary approval may kindly be accorded to this arrangement.

Station:-.....

Date.....

Signature of The Gramin Dak Sevak.