

APPLICATION FOR LEAVE

1.Name of applicant: ACHINTA ACHARYA Leave application no:202312039241933

2. HRMS ID: 1995006232

3. Post Held: Group D

4.Leave Department: Leave Other

5.Parent Department: Health & Family Welfare

6.Present Department: Health & Family Welfare

7.Employment Type: Permanent

8.Employee Type: Employed

9.Leave Rules applicable: Rule 207 of WBSR-I

10. House allowances, conveyance allowance, or other Compensatory allowances drawn in the present post: 4476 0 50

11. Nature and period of leave applied for and date from which required:

1.Name of leave:Casual Leave

2.Period of leave from:04/12/2023 to 06/12/2023

3.Prefix from:NA to:NA

4.Suffix from:NA to:NA

12.Purpose of leave: Other

13.Ground on which leave is applied for: Family Issues

14.Documents submitted (if any):

15.Date of return from last leave, and the nature and Period of that leave: 11/08/2023,Casual Leave,01/08/2023 To 10/08/2023

16.Are you leaving station: No

17.If yes, then period of station leave:

18.Address for communication during station leave:

19.Contact no. during station leave:

20.Declaration/undertaking (if any):

Dated _____ Signature of Applicant _____

21.Remarks and/ or recommendation of the Controlling officer:-

Dated _____ Signature _____

Dated _____ Signature _____

If the applicant is drawing any compensatory allowance,the Sanctioning Authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying similar allowance.