

**APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY**

EMPLOYEE CODE NO : \_\_\_\_\_

NAME OF THE APPLICANT : \_\_\_\_\_

POST HELD : \_\_\_\_\_

DIVISION/SECTION/UNIT : \_\_\_\_\_

NATURE OF LEAVE : \_\_\_\_\_

NO. OF DAYS C.L/R.H : \_\_\_\_\_

PERIOD : \_\_\_\_\_

PURPOSE : \_\_\_\_\_

WHETHER STATION LEAVE  
PERMISSION IS REQUIRED : \_\_\_\_\_

ADDRESS DURING THE LEAVE  
PERIOD : \_\_\_\_\_

DATED: \_\_\_\_\_ (SIGNATURE)

Signature of the Controlling Officer

Remarks if any: