

**Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner (MSME)**

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

EMPLOYEE CODE NO. :

NAME OF THE APPLICANT :

POST HELD :

SECTION :

NATURE OF LEAVE : C.L / R.H

NO. OF DAYS:

PERIOD (FROM - TO) :

PURPOSE :

WHETHER STATION LEAVE PERMISSION IS REQUIRED : YES / NO

ADDRESS DURING THE LEAVE PERIOD :

DATED: (SIGNATURE)

Signature of the Controlling Officer Name
Remarks if any:

Designation
Intercom/Telephone .No

Forwarded to Administration/Establishment