

APPLICATION FOR LEAVE

1.Name of applicant:	MALABIKA MANDI	Leave application no:202112073306362
2. HRMS ID:	1995004512	
3. Post Held:	Health Assistant (Female)	
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:	6084 0 280	
11. Nature and period of leave applied for and date from which required:	1.Name of leave:Casual Leave 2.Period of leave from:10/12/2021 to 11/12/2021 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:	I need some rest.	
14.Documents submitted (if any):		
15.Date of return from last leave, and the nature and Period of that leave:		
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 BLOCK MEDICAL OFFICER OF HEALTH	
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.