

**STANDARD FORMAT OF APPLICATION  
FOR CASUAL LEAVE / MEDICAL LEAVE**

1	Name of the Applicant (Block Letter):	tst hhh
2	Post Held:	DPMT
3	Nature of Leave (Casual Leave / Medical Leave/station leave with CL / Station Leave with ML	CL No. of days applied CL/ML: 2 days
4	Period of leave applied for:	From : 06/07/2024 to 06/08/2024
5	No. of Prefix and Suffix holidays (if any) during applied Leave	Date of Prefix holidays : Date of suffix holidays :
6	Ground on which leave applied for:	
7	Date of Last Leave Taken: (To be filled by the HR)	Casual Leave : 06/07/2024 Medical Leave :
8	Total No. of balance Leaves in the Current Year: (To be filled by HR)	Casual Leave : 13 Medical Leave : 15
9	Medical Prescription & other details	Name of Doctor: Date of Prescription:
10	Officer /Staff requested to look after urgent work during his/her absence:	Name : Designation:

**N.B:**

1. For all application of Medical leave, it is mandatory to enclose doctor visit report/prescription. For minor ailments, where visit to doctor is not required and leave taken will be considered as casual leave.

1. For any planned leave, leave application to be submitted at least one week prior, for approval.

1. If the claimed CL / ML contain Prefix holidays or suffix holidays, mention leave in column 3 as 'station leave with CL' / 'Station Leave with ML'.

Date: Signature of the Applicant

Remarks /Recommendation of HR/Concerned officer

Date: Signature of HR/ Concerned Officer

Remarks of Controlling Officer

Date: Signature of Controlling Officer