

APPLICATION FOR CASUAL LEAVE / R.H.& COMP. LEAVE

To,

The Library Information Officer,
Central Secretariat Library,
Shastri Bhawan, New Delhi

Sir,

I may kindly be granted Casual Leave / Restricted Holiday and Compensatory
Leave for _____ days (s) i.e _____ to _____
On account of _____.

Thanking you,

Yours faithfully,

Full Name _____

Designation _____

Dated: _____

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Application For Earned Leave/Medical Leave

1. Name of applicant _____
2. Present Post held _____
3. Department _____
4. Present Pay _____
5. Nature and period of leave applied for and date from which
Required _____
6. Sunday and holidays, if any proposed to be Prefix / Suffix to
leave _____
7. Purpose for which leave is required _____
8. Date of return from last leave _____
9. I proposed / do not proposed to avail myself of leave travel concession for the Block
year _____
10. Leave address _____

Signature of the applicant with date

**Remarks and Recommendation of controlling
officer** _____

Signature with date and Designation

Estt.Section(CUL)

JOINING REPORT

I report myself on duty today i.e _____(FN)

After availing _____ days Earned Leave / Medical Leave from
_____ to _____.

Signature of Applicant

Name _____

Designation _____

Date _____

Estt. Section (Cul)

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