

**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: