

APPLICATION FOR CASUAL /MEDICAL/SPECIAL/ R.H./  
COMPENSATORY /STATION LEAVE

EMPLOYEE CODE (PMIS) :

NAME OF THE APPLICANT :

POST HELD :

NAME OF THE OFFICE :

NATURE OF LEAVE :

NO. OF DAYS C.L/R.H/COMP. LEAVE :

PERIOD :

PURPOSE :

WHETHER STATION LEAVE PERMISSION IS REQUIRED :

ADDRESS DURING THE LEAVE PERIOD :

DATED:

(SIGNATURE)

SIGNATURE OF THE OFFICER

REMARKS IF ANY :

---

---

---

---