FORM OF APPLICATION FOR LEAVE
(Annu 216
See Supplementary Rule 216)

Note: Items 1 to 11 must be filled in by all applicants whether gazetted or non-gazetted

1. भर्ती का नाम
   Name of applicant

2. लागू होने वाली छुट्टी नियमावली
   Leave Rules applicable

3. पद
   Post held

4. विभाग, कार्यालय और अनुगम
   Department, Office and Section

5. शेतन
   Pay

6. दर्जना पद पर सिलाइ वाला मकान किराए भता, सहायी भता या अन्य प्रतिष्ठा में
   House Rent Allowance, conveyance allowance or other compensatory allowances drawn in the present post.

7. मांगी गई छुट्टी की किस्म, अवधि और उसके बुखार होने की तारीख
   Nature and period of leave applied for and date from which required.

8. दिवालिंग और छुट्टी के दिन, यदि कोई हो, जिनमें-
   Sundays and holidays, if any, proposed to be prefixed/suffixed to leave

9. छुट्टी का कारण
   Ground on which leave is applied for

10. इमानदार छुट्टी से जोड़ने की चापें और उस छुट्टी की विशेष तथा अवधि
    Date of return from last leave, and the nature and period of the leave.

11. मेरा विचार अनुसार मेरी छुट्टी में........................ के
    I propose/do not propose to avail myself of leave
    travel concession for the block years........................
    During the ensuing leave.
12. I undertake to refund the difference between the leave salary drawn during leave on an average pay / Commuted leave and that admissible during leave on half average pay/half pay leave which would not have been admissible had the proviso to F.R. 81(b) (b) rule II (c) (iii) of the Revised Leave Rules, 1933 not been applied in the event of my retirement from service at the end or during the currency of the leave.

13. I undertake to refund the leave salary drawn during "leave not due" which would not have been admissible had F.R. 81 (c) /Rule II (d) of the Revised Leave Rules, 1933 not been applied, in the event of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me.

Date:

Signature of applicant:

Date:

Remarks and/or recommendation of the Controlling Officer:

Signature:

Designation:

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

(By Accountant General In the case of Gazetted Officers)

Date:

Signature:

Designation:

Order of the sanctioning authority:

Signature:

Designation:

The applicant is growing any compensatory allowance the sanctioning authority should state whether after the expiry of leave period is to return to the same post or in another post varying a similar allowance.