

Earned /Medical Leave Application Form

1. Name of the Government Servant. :
2. Designation & Place of deployment :
3. Address of the Present Office/Branch to which attached. :
4. Period of Leave at Credit. :
5. Rules by which Government :
6. Nature of period of applied for and date from which required. :
7. Sunday and holidays, if any proposed to be Prefix / Suffix to leave. :
8. Purpose / Ground on which leave applied for. :
9. Applied with or without Medical Certificate :
10. Date of Return from last leave & the nature and period of that leave. :
11. Particulars of salary and allowances drawn in the present post. :
12. I Proposed / Do Not Proposed to avail myself of Leave Travel Concession for the Block Year. :
13. Address during Leave.
14. Contact Number during leave.
15. E-Mail during leave:

Signature of Applicant

Remark and Recommendation of the Controlling Officer:

Date: _____

Signature & Designation of Controlling Officer/Sanctioning Authority.