

**FORM OF APPLICATION FOR LEAVE**

**S. R.: 1**

**(See Supplementary Rule 216)**

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

1. Name of Applicant :
2. Leave rules applicable :
3. Post held :
4. Department, office and section :
5. Pay :
6. House rent allowance, conveyance allowance or :  
Other compensatory allowances drawn in the  
present post.
7. Nature and period of leave applied for and date :  
from which required.
8. Sunday and holidays, if any, proposed to be :  
prefixed/suffixed to leave.
9. Ground on which leave is applied for :
10. Date of return from last leave, and the nature :  
and period of the leave.
11. I propose/do not propose to avail myself of :  
leave travel concession for the block year.....  
..... during the ensuring leave.

11. (a) I undertake to refund the difference between the leave salary drawn during leave on 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) (ii)/rule II (c) (iii) of the Revised leave rules 1933, not been applied in the event in the event of my retirement from service at the end or during the currency of the leave.

12. (b) I undertake to refund the leave salary drawn during “leave not due “which would not have been admissible had F. R. 81 © /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. -----

13. Remarks and/or recommendation of the Controlling Officer.

Signature -----

Date -----

Designation -----

### CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

(By Accountant General in the case of gazetted officers)

14. Certified that ----- (Nature of leave)

for -----from -----to -----  
(Period)

is admissible under rule ----- of the ----- Rules:

Signature-----

Date-----

Designation -----

15. \*Orders of the sanctioning authority:-

Signature -----

Date -----

Designation -----

\* If the applicant is drawing any compensatory allowances, the sanctioning authority should state whether alter the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.