

**APPLICATION FOR COMMUTED/HALF-PAY LEAVE (For more than 3 days)**

Date :

1. EMPLOYEE CODE NO. :  
2. NAME OF APPLICANT :  
3. POST HELD :  
4. SECTION/DIVISION :  
5. INTERCOM/TELEPHONE NO. :  
6. PERIOD OF LEAVE APPLIED (no. of days) :  
FROM :  
TO :  
7. STATION LEAVING PERMISSION :  
FROM :  
TO :  
8. REASON FOR APPLYING THIS LEAVE :  
9. NO. OF LEAVES ALREADY AVAILED  
IN THE CURRENT YEAR :  
10. ADDRESS DURING LEAVE PERIOD :  
11. ALTERNATIVE ARRANGEMENT :

(Alternative employee details)

Signature

Signature:

Name :

Name :

Designation :

Designation :

Recommendation : YES/ NO

Checked by

HoD/ HoD- I/C

Junior Assistant

**Verified by**

**Submitted by**

**Medical Officer**

**Assistant Registrar**

**Forwarded by**

**Registrar**

**Approved / Not Approved**

**Note:**

- To be printed on Pink Paper
- To be submitted along with Medical Fitness Certificate from the IMO/Authorized Medical Practitioner

**Director**