## REGIONAL INSTITUTION OF MEDICAL SCIENCES, IMPHAL LEAVE APPLICATION FORM

(To be submitted in quadruplicate ) (To be filled in by the Applicant )

	1.	Name of the Application	;-	
	2.	Post held	;-	
3	3.	Department, office and section	÷	make I
4	1.	Pay (including N.P.A if entitled)	3	
5	ō.	House rent and other compensatory		
		drawn in the present post	:	
6	i.	Nature and period of leave applied	I	
		For the date from which required	:	
7	8	Sundays and holiday, if any, proposed	e N E q PE	***************************************
		To be prefixed / suffixed to leave	÷	
8.		Ground on which leave is applied for		
9.	ď.	Date of return from last leave, and the	5	
	ĺ	nature and period of that leave	:	
		ddroed deep leave	elf of leave travel concession for the block year: :::-	
			Signature of application.	
		TO BE FILLED BY	THE HEAD OF DEPARTMENT / SECTION	
12.	(a	) The leave applied is recommended fo	r the reason for the reason :	
		) During his / her absence or leave		
		will look after / officiating / his / her w	vork in addition to his / her normal duties.	3 -
			Signature :	
			Designation:	

14. (a) Earned leave as on	Held Turn Trotal Education States against	
(b) Less proposed maternity/earned leave	NAME OF THE PARTY	
(c) Balance earned leave	toto	days
Certified that	days	
of		
offrom	for	days
from to of the Central Civil Service (Leave) Rule, 1972.	un	der Rule
D.A.		
2.0.	Section officer / A	dministrative officer.
<u>O</u>	RDERS	
The leave applied for	days as above is gr	ontad / C I C
reason	adys as above is give	inted / refused for the
	Signature	
	Signature with seal	
	Docionati	
	Designation.	
	Designation. Imphal, the	
Momo No. :		
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If the applicant is drawing any compensatory allowance it should be in the orders on the expiry of leave, the employee is likely to return to the same post or to another post carrying similar allowance.