

FORM NO.2
(Subsidiary rule – 73)
Application for leave

NOTE : Item 1 to 9 must be filled in by all applicants whether Gazetted or Non-Gazetted.
Item 12 applies only in the case of Gazetted Officers.

1.	Name of the Applicant	
2.	Leave Rules applicable	
3	Post held	
4	Department or Office	
5	Basic Pay	
6	House rent allowances, conveyance allowances or other compensatory allowances drawn in the present post	
7	Nature and period of leave applied for and date from which required	
8	Ground on which leave is applied for	
9	Date of return from last leave and the nature and period of that leave	
10	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 18 (b) (ii) /R. 13 (c) (iii) of the revised leave Rules, 1934 not been applied in the event of my retirement from service at the end or during the currency of the leave.	

Date.....

Signature of the Applicant

Cont.2

11. Remarks and / or recommendation of Controlling Officer

- ❖ The Controlling Officers are Prof. or HoD of each Department /Deputy Superintendent /in case of Hospital Departments under their care Matron, and Deputy Superintendent i/c Nursing in case of Nurses(Both new and old).
- ❖ In case of OT Nurses the respective HoD and ICU Nurses the HoD Anesthesia is the Controlling Officer.

(The following certificate is to be provided. To be filled up by own recent handwriting by Controlling Officer).

The Earned leave of Sri/Ms.....

Working as (Designation).....in the Department

of.....fordays, from.....to.....

For the reason of.....

.....is hereby recommended/not recommended

(strike out which is not applicable).

The duties of the department/unit in his/her absence shall be arranged accordingly and work in the Department will not suffer.

Date

Signature of Controlling Officer

Verified and recorded in leave registrar
(to be signed by the Deptt. Stenographer)

Full Name.....

.....

Designation.....

12. Report of the Audit Officer (In case of Gazetted Officer)

Date.....

Signature of the Audit Officer

For office use

Sanctioned/Not sanctioned due to.....

.....

Signature of the Sanctioning Officer

Recorded in Time & Leave Office

No.....Date.....