

Indian Sign Language Research and Training Centre (ISLRTC)
Department of Empowerment of Persons with Disabilities
Ministry of Social Justice and Empowerment
Government of India

APPLICATION FOR CASUAL LEAVE/RESTRICTED HOLIDAY

Name of Applicant-----

Unit-----Post-----

Nature of Leave-----

No. of days-----Dates-----

Reason for which required-----

Address during leave-----

Date-----Signature of Applicant

Remarks of concerned Supervisor-----

Date----- Signature-----

Certified that the applicant has the applied leave due at his/her credit.

As on date there are----- Casual Leave and -----Restricted Holidays
due at applicant's credit.

Date- ----- Signature of the Officer/Clerk maintaining the Leave Account

Order of the Leave Sanctioning Authority have
been noted and the Leave has been recorded.

Orders of the Leave Sanctioning Authority:-

Signature-----

Designation-----

Date-----

Applicant

Leave A/c Clerk