**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---------------------------------------------------------------------------

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Date---------------------------Signature of Applicant

Remarks of concerned Supervisor-------------------------------------------------------------------------

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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 Orders of the Leave Sanctioning Authority:-

been noted and the Leave has been recorded.

 Signature------------------

 Designation----------------

 Date-------------------------

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 Applicant Leave A/c Clerk