

Designation

प्रति,

प्राचार्य महोदय,  
डॉ० बी०आर०ए० पोली०, ग्वालियर

Form of Application For Leave

Note :- Items 1 To 11 must be filled in by all applicants whether gazetted or non-gazetted

Item 12 may be filled in only when it is applicable to the government servant concerned

1. Name of Applicant : .....  
आवेदक का नाम
2. Leave Rules applicable : M.P. Revised leave rule-1977
3. Post held : .....
4. Department Office and Section : Dr.B.R. Ambedkar Poly Technicollege  
विभाग, कार्यालय एवं कक्ष Jhansi Road Lashkar, Gwalior
5. Pay : .....  
तनखाह (वेतन)
6. House rent allowance, conveyance : नियमानुसार  
allowance , other compensatory  
allowance drawn in the present post.  
मकान मत्ता व अन्य मत्ते मिलते हो
7. Nature and Period of leave applied : दिनांक ..... से ..... तक कुल  
For and date from which required दिवस अर्जित अवकाश साथ ही  
अवकाश का प्रकरण तथा दिनांक से दिनांक ..... पूर्वान्ह से दिनांक .....  
अपरान्ह तक मुख्यालय छोडने की  
अनुमति प्रदान करने का कष्ट करें ।
8. Sundays and holydays if any, propo-  
sed to be prefixed/suffixed to leave  
रविवार या अन्य अवकाश शामिल हो
9. Ground on which leave is applied for  
आधार जिस पर अवकाश आवेदित
10. Date of return from last leave and:  
the nature and period of the leave  
छिडते अवकाश से वापिस दिनांक अवकाश  
का प्रकार एवं अवधि
11. Leave address, if granted : .....  
यदि अवकाश स्वीकृत हुआ हो तो पता
12. I propose/do not propose to avail  
myself of leave travel concession for  
The block year.....during the ensuing lea.....  
Signature(with date) of the applicant
13. Remark and/or recommendation of  
The Controlling Officer. ....:.....
14. Order of the sanctioning authority  
Signature(with date) and  
Designation