

APPLICATION FOR LEAVE -OFFICERS

1. Name, Rank & No. : _____
2. Designation : _____
3. No. of days leave w.e.f. : _____ day(s) PAL/PBAL/BAL/CL w.e.f. _____ with permission to prefix _____ and _____ being Sunday routine (Holiday/Saturday)* and Sunday and suffix _____ & _____ being Sunday routine (Holiday/Saturday)* and Sunday respectively.
4. Leave Address : _____

5. Details of leave availed during the current year (with dates) : A/L - _____ w.e.f. _____
C/L - _____ w.e.f. _____
6. Ration : To continue/Cease*

(_____)

File: _____
Date _____

II

LEAVE APPROVED / NOT APPROVED

(_____)

Date : _____

Forwarded to:-

The Commanding Officer
(for Staff Officer)
INS _____

NOTE: '*' delete which is not applicable. For A/L- 3 copies and C/L 2 copies.