

PROFORMA FOR LEAVE APPLICATION Department of Women and Child Development

- 1) Employee Name _____
- 2) Designation _____
- 3) Department/Branch _____
- 4) Type of Leave applied for (Whether E.L./Commutated/ Half Pay/ Maternity leave) _____
- 5) Period of Leave _____
- 6) Date since leave is requested _____
- 7) Whether station leave required _____
- 8) Prefixes/Suffixes _____
- 9) Address during leave _____
- 10) Details of last 03 leaves availed.1 _____
2 _____
3 _____
- 11) Balance of leave i) Earned Leave _____
ii) Casual leave _____
- 12) Reasons for Leave _____
(It should be specific, not general)

SIGNATURE OF EMPLOYEE

Recommendations of Branch In-charge/Head of Office with ground.

FOR OFFICIAL PURPOSE (filled by DDO/ HOO in own handwriting)

I.....DDO/HOO/BRANCH INCHARGE of
certified that i have check & verified above said information i.e. balance of Earned Leave/
Casual leave and leave availed record as per service book record.

Signature of concerned DDO/ HOO