



অসম বিশ্ববিদ্যালয় সিলচর
ASSAM UNIVERSITY SILCHAR

Application for Leave or Extension of Leave

(Earned Leave/ Commuted Leave/ Child Care Leave/Maternity Leave/Paternity Leave with/without station leave permission)

01. Name of the Applicant : _____
02. Date of joining the University : _____
03. Designation : _____
04. Name of the Department : _____
05. Pay (Basic Pay with Grade Pay) : _____
06. House Rent & other compensatory allowances drawn in the present post : _____
07. Nature and period of Leave applied for and date from which required : _____
08. Sundays & holidays, if any, proposed to be prefixed/suffixed to leave : _____
09. Grounds on which leave is applied for : _____
10. Date and return from last leave and the nature and period of that leave : _____
11. I propose/do not propose to avail myself of leave travel concession for the block year _____ during the ensuing leave : _____
12. Full address of the station (including State) during leave period along with contact details : _____

Signature (with date) and designation

13. Remarks and /or recommendation of the Controlling Officer/Head of the Department : _____

Certificate Regarding Admissibility of Leave

14. Certified that _____ (nature of leave) for _____ (period) from _____ to _____ is admissible under Rule _____ of the Central Civil Services (Leave) Rules, 1972.

Signature (with date) and designation

15. Orders of the competent authority to grant leave : _____

Signature (with date) and designation

N. B. :- If the applicant is drawing any compensatory allowance, it should also be indicated in the orders of the expiry of leave. The Government servant is likely to return to the same post or to another post carrying similar allowance. In case of any unauthorized leave, action will be taken as per provisions of CCS rule.