

**APPLICATION FOR CASUAL/SPECIAL/COMP./DUTY/STATION LEAVE**

1. Name of the Applicant .....
2. Designation .....
3. Name of Office .....
4. Title of Leave :
  - (i) Casual Leave (.....)
  - (ii) Special Leave (.....)
  - (iii) Compensatory Leave (.....)
  - (iv) To be treated as on Duty (.....)
  - (v) Station Leave (.....)
5. Purpose of Leave .....
6. Period for which leave is required  
From ..... (FN)/ (AN) to ..... (FN)/ (AN) = ..... Days
7. Whether station leave required? (Yes/ No) .....
8. Address and Contact Number during Leave  
Name .....
- Address .....
- Contact No. ....
9. Any Remark(s) .....

Dated: .....

**[Signature of Applicant]**

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**OFFICE REPORT**

1. Total Casual/Special/Comp./Earned Leave availed during the current calendar year till date: .....Days.
2. Balance of Casual/Special/Compensatory/ Earned Leave at present: ..... Days.

Dated: .....

Signature of the Dealing Assistant

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**SANCTIONED**

Dated: .....

**Principal  
[Seal]**