

**APPLICATION FORM FOR SANCTIONED/CANCELLATION OF CASUAL LEAVE/  
RESTRICTED HOLIDAY/HQL PERMISSION**

(To be filled by the staff)

1. Name & Designation :
2. Nature of leave :
3. Purpose :
4. Period of leave : No. of days ..... days.  
From .....to.....  
HQL: From .....to.....
5. Address during leave:

Date: \_\_\_\_\_ Signature of applicant

Remarks and recommendation  
of the Controlling Officer

Signature

(For office use only)

Request is for Casual leave/Restricted holiday/HQL

- |     |                 |      |    |
|-----|-----------------|------|----|
| (a) | Leave on credit | : CL | RH |
| (b) | Current request | : CL | RH |
| (c) | Balance         | : CL | RH |

Date: \_\_\_\_\_ Signature of recommending authority

Leave approved/ Leave not approved

**Director  
NERIWALM**