

**APPLICATION FOR CASUAL LEAVE / R.H**

NAME :  
DESIGNATION :  
DATE OF APPLICATION :  
NO. OF DAYS OF C.L / R.H REQUIRED WITH DATE :  
NO. OF DAYS OF C.L / R.H ALREADY AVAILED OF :  
REASON :  
  
SIGNATURE :  
SIGNATURE OF THE H./D. :  
SIGNATURE OF THE LEAVE SANCTIONING AUTHORITY :