

आकस्मिक अवकाश/प्रतिबंधित अवकाश के लिए आवेदन प्रपत्र

APPLICATION FOR CASUAL LEAVE/RESTRICTED LEAVE

कर्मचारी कोड संख्या

EMPLOYEE CODE NO.

आवेदक के नाम

NAME OF THE APPLICANT

पद

POST HELD

अनुभाग/खण्ड

SECTION/WING

छुट्टी का स्वरूप

NATURE OF LEAVE

छुट्टी के दिनों की संख्या

NO. OF DAYS CL/RH

अवधि

PERIOD

उद्देश्य

PURPOSE

क्या मुख्यालय छोड़ने की अनुमति की

आवश्यकता है

WHETHER STATION LEAVE PERMISSION IS
REQUIRED

छुट्टी के दौरान पता

ADDRESS DURING THE LEAVE

तिथि:

Dated.

आवेदक का हस्ताक्षर

Signature of the applicant

नियंत्रक पदाधिकारी का हस्ताक्षर

Signature of the controlling officer

टिप्पणी यदि कोई हो तो

Remark if any

FORM-1 (RULE-14)
APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. Name of the applicant :
2. Post held :
3. Department, office and section :
4. Pay :
5. House rent and other compensatory Allowances drawn in the present post :
6. Nature and period of leave applied for And date from which required :
7. Sundays and holidays, if any, proposed to be prefixed /suffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave, and the nature and period of that leave :
10. I propose/do not propose to avail myself of leave travel concession for the block years :
11. Address during leave period :

Signature of applicant
(with date)

12. Remarks and/or recommendation of the controlling officer

Signature & designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that _____ (nature of leave) for _____ (period) from _____ to _____ is admissible under rule _____ of the central civil services(leave) rules, 1972.

Asst. Accounts Officer/Estt.-1

14. Orders of the authority competent to grant leave

Signature & designation

APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant : _____
2. Designation : _____
3. Dept/Office/Section : _____
4. Name of Child for whom Child Care leave is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which child will be attaining 18 years. : _____
7. Is the child among the two eldest Children : Yes/No
8. EL in credit (as on date) : _____
9. Period of Leave- Days : From _____ To _____
Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave applied for : _____
11. Total Child Care Leave availed till date : _____
12. (a) Whether permission to leave station is required : Yes/No
(b) If Yes, Address during leave period : _____
: _____
: _____
13. Date of return from last leave, & nature and period of that leave : _____

Date : _____

Signature of applicant
Pay Card No. _____

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended.

Date : _____

Signature _____
Designation _____
Office _____

Part – B (to be filled in the Bill Section)

1. The net entitled on account of leave travel concession works out to Rs. _____ as detailed below:-

(a) Railway/Air/Bus/Steamer fare	Rs. _____
(b) Less amount of advance drawn vide Voucher No. _____ date _____	Rs. _____
Net Amount	Rs. _____

2. The expenditure is debitible to

Initial of Bill Clerk

Signature of Drawing & Disbursing Officer

Counter signed

Certified that necessary entries have been made in the Service Book of
Shri/Shrimati/Miss _____

**Signature of the officer authorised to attest
Entries in the Service Book.**

Passes for Rs. _____ Rupees _____

Signature of Controlling Officer

G.A.R 1-C

Sub Bill No. _____

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR _____ TO _____

Note:- This bill should be prepared in duplicate-one for payment and the other as office copy.

PART – A (To be filled up by Government Servant)

1.	Name of the Government Servant	
2.	Designation	
3.	PAY + SI + NPA	
4.	Headquarters	
5.	Nature and period of leave sanctioned	From: _____ To: _____

6	Particulars of members of family in respect of whom the L.T.C has been claimed.			
	Sl.No.	Name(s)	Age	Relationship with the Government Servant
	1.			
	2.			
	3.			
	4.			
	5.			
6.				

7	Details of journey(s) performed by Government servant and the members of his/her family.								
	Departure		Arrival		Distance in Kms.	Mode of travel & class of accommodation used	No. of fares	Fair paid	Remarks
	Date & Time	From	Date & Time	To					
8	Amount of advance, if any, drawn Rs.								

9.	Particulars of journey(s) for which higher class of accommodation than the one to which the Government Servant is entitled was used. (Sanction No. and date to be given)						
	From	To	Mode of conveyance	Class to which entitled	Class by which actually travelled	No. of fares	Fare paid
							Rs. P.

10.	Particulars of journey(s) performed by road between places connected by rail				
	Nature of Place		Class to which entitled	Rail fare	
	From	To		Rs.	P.

Certified that the:-

1. Information, as given above is true to the best of my knowledge and belief; and
2. That my husband/wife is not employed in Government service/ that my husband/wife is employed in government service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members of the concerned block of _____ years.

Date : _____

Signature of Government Servant