

**APPLICATION FORM FOR GRANT OF CL / RH**

1. Name and Designation : \_\_\_\_\_  
2. Section in which working : \_\_\_\_\_  
3. Type and period of leave applied for : \_\_\_\_\_  
4. Ground for availing leave : \_\_\_\_\_

Dated :

Place :

(Signature of applicant)

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Application for grant of R.H. must be submitted in advance

Remarks of the Section in Charge

For Office use certified that \_\_\_\_ days  
CL / RH is / are available to

Remarks of the Director

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