

NATIONAL INSTITUTE OF BIOLOGICALS

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

Name of applicant : _____
Post held : _____
Department, office and section : _____
Pay : _____
House rent & other compensatory allowances drawn in the present post. : _____
Nature & period of leave applied for and date from which required. : _____
Sunday, Saturday & Holidays if any, proposed to be prefixed/suffixed to leave. : _____
Grounds on which leave is applied for : _____
Date of return from last leave, and the nature and period of that leave. : _____
I propose/do not propose to avail myself of leave travel concession for the block year _____ during the ensuing leave. : _____
Address during the leave period : _____

Dated: _____

Signature of applicant

2 Remarks and/or recommendation of The controlling officer.

**Signature (with date)
Designation**

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

Certified that _____ (nature of leave) for _____ (days) from _____ to _____ is admissible under Rule _____ of the Central Civil Services (Leave) Rule 1972.

**Signature (with date)
Designation**

Order of the authority competent to grant leave.

**Signature (with date)
Designation**