

Application for Half Pay Leave/Commutated Leave

1 Name \_\_\_\_\_

2 Designation \_\_\_\_\_

3 Pay + Grade Pay \_\_\_\_\_

4 **Period of Leave applied**  
(i) Half Pay Leave with Medical /Without Medical From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days  
From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days  
(ii) Commuted Leave on Medical Ground

5 Sunday & Holiday if any proposed to prefixed/Suffixed to leave \_\_\_\_\_

6 Ground on which leave is applied for \_\_\_\_\_

7 Date of return from last drawn leave and the nature and period of leave \_\_\_\_\_

8 Address & Phone No. during Leave \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_

9 Charge handed over to Sh/Smt. \_\_\_\_\_  
Desig. \_\_\_\_\_

Signature of Applicant with date

Office Use

As per Service Record \_\_\_\_\_ days Half Pay Leave are in Balance in his/her Account, hence, may be sanctioned.

Office Supdt.

Dealing Hand

Sanctioned / Not Sanctioned

PRINCIPAL

**Application for Child Care Leave**

- 1 Name of the Applicant \_\_\_\_\_
- 2 Post Held \_\_\_\_\_
- 3 Name of the Office \_\_\_\_\_
- 4 Pay + Grade Pay \_\_\_\_\_
- 5 Period of Leave applied for \_\_\_\_\_
- 6 No. of days Leave required for \_\_\_\_\_
- 7 Sunday, Holidays, Vacation/Break, if any proposed to be prefixed /suffixed to leave. \_\_\_\_\_
- 8 Detail of Surviving children in respect of whom CCL is required \_\_\_\_\_

S.No.	Name of Child	Sex	Date of Birth	Actual age on the date of submission of application for CCL

- 9 Ground on which leave applied for (Documents If any in support of reason mentioned) \_\_\_\_\_
- 10 Permanent Address during the leave period With Mobile number \_\_\_\_\_

SIGNATURE OF THE APPLICANT

11 FOR OFFICE USE

No. of CCL already availed	Balanced at credit	Date of CCL availed during the year (Spell wise)

Certified that the above entries in column no. 8 have been verified from the service/ leave record of the concerned employee and are found correct.

SIGNATURE OF THE UDC/O.S.

SANCTIONED /NOT SANCTIONED

PRINCIPAL

Application for Casual Leave /Restricted Holidays

1 Name \_\_\_\_\_

2 Designation \_\_\_\_\_

3 Duration of Leave applied for \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days  
(Sunday /Holiday on \_\_\_\_\_ to be prefixed/suffixed)

4 Ground on which leave is applied for \_\_\_\_\_

5 Name & Designation & Signature of the substitute official /Officials, to whom the duties / responsibilities are handed over.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

6 Address & Phone No. during Leave \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Signature of Applicant with date

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Office Use

Certified that \_\_\_\_\_ Number of days of Casual Leave are in Balance in his/her account, hence , may be sanctioned.

Office Supdt.

Dealing Hand

Sanctioned / Not Sanctioned

PRINCIPAL

Application for Earned Leave or For extension of Leave

1 Name \_\_\_\_\_

2 Designation \_\_\_\_\_

3 Pay + Grade Pay \_\_\_\_\_

4 HRA and other compensatory allowance drawn in the present post \_\_\_\_\_

5 Duration of Leave applied for \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days  
(Sunday /Holiday on \_\_\_\_\_ to be prefixed/suffixed)

6 Sunday & Holiday if any proposed to be prefixed /Suffixed to leave \_\_\_\_\_

7 Ground on which leave is applied for \_\_\_\_\_

8 Date of return from last drawn and the nature and period of leave \_\_\_\_\_

9 Name & Designation & Signature of the substitute official /Officials, to whom the duties / responsibilities are handed over.  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

10 I propose /do not propose to avail my self of leave travel concession for the block year's \_\_\_\_\_ during ensuring leave.

11 Address & Phone No. during Leave \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_

Signature of Applicant with date

Office Use

Certified that Earned Leave for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ is admissible under rule of the Central Civil Services (Leave) Rules, 1972.

Office Supdt.

Dealing Hand

Orders of the Competent Authority to grant leave.

Sanctioned / Not Sanctioned

PRINCIPAL



**FORM 4**

**[See Rule 19]**

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE**

Signature of the Government Servant \_\_\_\_\_

I, \_\_\_\_\_ after careful personal examination of the case hereby certify that Mr./ Mrs. /Kumari \_\_\_\_\_ whose signature is given above, is suffering from \_\_\_\_\_ and I consider that a period of absence from the duty of \_\_\_\_\_ with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Dated: \_\_\_\_\_

Authorized Medical Attendant/ Medical Officer

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**FORM 5**

**[See Rule 24(3)]**

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Government Servant \_\_\_\_\_

I, \_\_\_\_\_ Authorized Medical Attendant of \_\_\_\_\_ do hereby certify that We /I have carefully examined Mr./Mrs./Kumari \_\_\_\_\_ whose signature is given above, and find that he/she recovered from his/her illness and is not fit to resume duties in Government Service. We/I also certify that before arriving at this decision we/ I have examined the original medical certificate and statement of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at our / my decision.

Dated: \_\_\_\_\_

Authorized Medical Attendant/ Medical Officer