

**APPLICATION FOR EARNED /CASUAL LEAVE**

01. FORCE NO., \_\_\_\_\_ :  
Rank & Name \_\_\_\_\_
02. Nature & period of leave applied for and date :  
from which required \_\_\_\_\_
03. Sunday and holidays, if any, proposed to be : Perfix \_\_\_\_\_  
prefixed/interfix suffixed & RH ( with date) Interfix \_\_\_\_\_  
Suffixed & RH \_\_\_\_\_
04. Reason for leave applied \_\_\_\_\_ :
05. Date of return from last leave, nature & :  
period of the leave. \_\_\_\_\_
06. I propose/do not propose to avail LTC : \_\_\_\_\_  
for the block **04Year or 02 year**
07. Address during the leave : Father's Name \_\_\_\_\_  
Vill: \_\_\_\_\_ PO: \_\_\_\_\_  
Teh.: \_\_\_\_\_ PS: \_\_\_\_\_  
Dist: \_\_\_\_\_ State: \_\_\_\_\_

Dated / / 201

Signature of applicant

**Remarks of Coy. Commander :**

**Signature of Coy.Commander**

**Leave Balance:** EL \_\_\_\_\_ days up to \_\_\_\_\_ & HPL \_\_\_\_\_ days up to \_\_\_\_\_  
CL \_\_\_\_\_ days up to \_\_\_\_\_.

**Signature of I/C Doc**

**Recommandations of Asstt.Commandant :**

Recommended /Not Recommended \_\_\_\_\_ days CL/EL/HPL w.e.f \_\_\_\_\_

**Asstt.Commandan/Adm**

**Orders of the competent authority to grant leave**

Sanctioned / Not sanctioned

**GROUP COMMANDANT**

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from which required
03. Sunday and holidays, if any, proposed to be : \_\_\_\_\_  
prefixed/interfixed suffixed
04. Reason for leave applied : \_\_\_\_\_
05. Date of return from last leave, nature & : \_\_\_\_\_  
period of the leave.
06. I propose/do not propose to avail LTC : \_\_\_\_\_
07. Address during the leave : Father's Name \_\_\_\_\_  
Vill: \_\_\_\_\_ PO: \_\_\_\_\_  
Teh.: \_\_\_\_\_ PS: \_\_\_\_\_  
Distt: \_\_\_\_\_ State: \_\_\_\_\_

Dated:

Signature of applicant

Remarks of Coy. Commander

Signature of Coy.Commander

Leave Balance: EL \_\_\_\_\_ days upto \_\_\_\_\_ HPL \_\_\_\_\_ days upto \_\_\_\_\_  
CL \_\_\_\_\_ days upto \_\_\_\_\_.

Signature of I/C Doc

Recommandations of Asstt.Commandant

Asstt.Commandant

Orders of the competent authority to grant leave

Sanctioned / Not sanctioned

GROUP COMMANDANT

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01. FORCE NO., Rank & Name : \_\_\_\_\_
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Vill: \_\_\_\_\_ PO: \_\_\_\_\_  
Teh.: \_\_\_\_\_ PS: \_\_\_\_\_  
Dist: \_\_\_\_\_ State: \_\_\_\_\_

Dated:

Signature of applicant

**Leave Balance:** EL \_\_\_\_\_ days upto \_\_\_\_\_ HPL \_\_\_\_\_ days upto \_\_\_\_\_  
CL \_\_\_\_\_ days upto \_\_\_\_\_.

Signature of I/C Doc

**Recommendations of Asstt.Commandant**

Asstt.Commandant

**Recommendations of Dy.Commandant**

Dy.Commandant

**Orders of the competent authority to grant leave**

Sanctioned / Not sanctioned

**COMMANDANT**

**APPLICATION FOR GRANT OF C.C.L.**

I, FORCE No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

has been granted \_\_\_\_\_ days EL/CL from \_\_\_\_\_ to \_\_\_\_\_

I have applied for C.C.L. for one/two days on : \_\_\_\_\_

in lieu of duties performed on : \_\_\_\_\_

It is certified that I have not availed Weekly Off/GH/Out Pass on the dates as mentioned above.

**SIGNATURE OF THE INDIVIDUAL**

**Remarks of the Coy. Commander :**

**Remarks of the Sanctioning Authority :**

**APPLICATION FOR GRANT OF C.C.L.**

I, FORCE No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

has been granted \_\_\_\_\_ days EL/CL from \_\_\_\_\_ to \_\_\_\_\_

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**SIGNATURE OF THE INDIVIDUAL**

**Remarks of the Coy. Commander :**

**Remarks of the Sanctioning Authority :**

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**APPLICATION FOR LEAVE (GOS)**  
**FORM – 1**  
**(See Rule 14)**

1. Name of applicant :
2. Post held :
3. Department/Office and Section :
4. Pay :
5. House rent and other compensatory allowance 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/interfix & suffixed :
  
8. Grounds on which leave is applied for :
  
9. Date of return from last leave and the nature and period of that leave :
10. Address during leave period :

**Signature of applicant**  
**(with date)**

11. Remarks and/or recommendation of the Controlling Officer.

**Signature (with date)**  
**Designation**

12. **CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE**  
Certified that \_\_\_\_\_ (nature of leave) for  
from \_\_\_\_\_ to \_\_\_\_\_ is admissible under Rule of the Central Civil Services  
(Leave) Rules. 1972.

**Signature (with date)**  
**Designation**

- \*13. Order of the authority competent to grant leave

**Signature (with date)**  
**Designation**

- If the applicant is drawing any compensatory allowance, it should also be indicated in the orders on the expiry of leave., the Government Servant is likely to return to the same post or to another post carrying similar allowance.

**APPLICATION FOR GRANT OF C.C.L.**

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\_\_\_\_\_

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**SIGNATURE OF THE INDIVIDUAL**

**Remarks of the Coy. Commander :**

**Remarks of the Sanctioning Authority :**

**APPLICATION FOR GRANT OF C.C.L.**

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**SIGNATURE OF THE INDIVIDUAL**

**Remarks of the Coy. Commander :**

**Remarks of the Sanctioning Authority :**

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