

GOVERNMENT OF INDIA  
OFFICE OF THE COMMANDANT  
(FORCE NAME)  
(MINISTRY OF HOME AFFAIRS)

(Unit Name)  
PH C/R-00000000  
Dated: / / 202

NoE-42900 (Force Name) Leave/Coy" /2023

**LEAVE CERTIFICATE**

Force No.....Rank.....Name.....of (Unit name) has been granted  
EL/CL/HPL/PL.....Days w.e.f.....to.....with permission on avail prefix:  
on.....Interfix:on.....suffix:on.....  
..... On expiry of leave he should report back for duty on..... (F/N)(Unit Name).

**Leave Address:-**

Vill.....Post.....PS.....  
Dist.....State.....Pin No.....Mob No.....

**COY 2I/C** " COY  
(Unit Name)

**Instruction:-**

1. In case the individual falls sick, he should report to the nearest Govt. hospital for treatment and admitted, medical in the proper issued by the Govt. Doctor should be sent jot this Battalion.
2. In case of getting treatment as Out Door patient he should report back to this Battalion to continue the treatment in Bn Hospital or as per referred by CMO/MO of (unit )
- 3.In case he is advised bed rest a detailed report from the govt. Doctor should be sent along with the Medical certificate stating that he is not physically fit to travel.
- 4.If the individual fails to comply the above instructions, his salary will not be claimed and appropriate disciplinary action will be taken against him.
- 5.He will not accept any eatable/drinks from any unauthorized personnel/vendors/strangers during his journey by Train/Bus. He will carry dry ration/fruits for use during journey.

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