

**ICAR-INDIAN INSTITUTE OF FARMING SYSTEMS RESEARCH
(ICAR) Modipuram- 250110, Meerut(UP)**

APPLICATION FOR LEAVE OR EXTENSION OF LEAVE

1. Name and Designation of Applicant :
2. Post held :
3. Program/Section/Unit with :
which attached
4. Pay band and present pay : Pay band:-----
Band Pay:Rs.-----,Grade Pay:Rs.-----
5. Nature & Period of leave applied for :Earned leave/HPL/Com Leave for -----Days
and date from which leave is required From-----to-----
6. Sundays and Holidays, proposed to be : Prefix:
Prefixed/Suffixed to leave, if any Suffix:
7. Purpose of which leave is applied for:
8. Date of return from last leave and the:
Kind & period of that leave
9. Block year for which I propose to avail :
my self of LTC during the ensuing leave
10. My contact address during the leave period: -----
Would be -----

Phone no.-----

Signature of applicant (With date)

11. Recommendation of Programme Facilitator / In-charge of Section/Unit; Dr./Shri/Smt.
Would look after the duties assigned to the applicant during his/her proposed leave
period.

Signature (With date)& Designation

For Office Use Only

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

Certified that the Earned/ Commuted leave for the period from to
.....() days is admissible under-FR-26 (b) II of the Central Civil Services (Leave) Rules,
1972 and may be considered for grant.

Sr. Admn. Officer

ORDER OF THE SANCTIONING AUTHORITY

He/ She is likely to return to duty in the same post on the expiry of leave.

Leave as proposed above, Sanctioned/ Not Sanctioned.

Director