

APPLICATION FOR GRANTING EXTENSION OF LEAVE WITHOUT
ALLOWANCE FOR FURTHER PERIOD OF FIVE YEARS OR PART THEREOF
VIDE ORDER No.PLA.10/01575/84 R.Dis. dated 21.8.1984

1. Name of the Employee (In Block letters)
2. Present designation, Grade and Unit to which attached :
3. Foreign Address :

4. Date of Birth :
5. Date of Superannuation :
6. Order No. & Date of sanction of previous leave for 5 years :
7. Date of commencement of previous leave :
8. Date of expiry of previous leave :
9. Purpose of leave extended for:
10. Duration of extension of leave and date of commencement of leave :
11. Probable date of return to duty :
12. Whether the employee agrees to abide by the terms and conditions laid down in Order No.PLA-10/01575/84/R.Dis.dated 21.8.84 for sanctioning extension of leave :

I hereby certify that the details furnished above are true to the best of my knowledge and that I agree to abide by the terms and conditions laid down in order No. PLA-10/01575/84/R.Dis. Dated 21.8.84

Station:
Date:

Signature
Name:
Present address

I hereby certify that I have verified the details in column 1 to 8 of the application with entries in his Service Book and that they are found correct. I recommend that the extension of leave applied for may be granted to the employee for the said purpose.

Station
Date:

Signature:
Name & Designation.

(Office Seal)