

NATIONAL INSTITUTE OF PATHOLOGY-ICMR  
NEW DELHI

FORM - I

(See Rule No.14)

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. Name of the applicant :
2. Post Held :
3. Department/Office/Section : National Institute of Pathology-ICMR
4. Pay :
5. House Rent and other compensatory allowances drawn in the present post :
6. Nature and period of leave applied for and date from which required :
7. Sunday and Holidays, if any, proposed to be prefixed/suffixed to leave :
8. Ground on which leave is applied for :
9. Date of return from last leave and period of that leave :
10. I proposed to/not proposed to avail myself of leave travel concession for the block year \_\_\_\_\_ during the ensuring leave :
11. Address during leave period :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT  
(With date)

12. Remarks and/or recommendation of the Controlling Officer

Signature (with date)  
Designation

13. Certified that \_\_\_\_\_ (Nature of leave) for \_\_\_\_\_ (period) from \_\_\_\_\_ to \_\_\_\_\_ is admissible under Rule \_\_\_\_\_ of the Central Civil Services (Leave) Rules, 1972

Signature (with date)  
Designation

14. Orders of the authority competent to grant leave :

Signature (with date)/Designation