

ICMR - NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH
Plot No.I-7, Sector-39, Noida-201301

1. Application for Earned / Half pay /Commuted Leave
2. Name of the Applicant
3. Leave Rules applicable CCS Leave Rules
4. Post held
5. Present Pay & Matrix
6. House rent allowance compensatory allowance
and other allowance, if any drawn in the present post
7. Period of leave _____ Days
8. Dates From _____ to _____
9. Sunday and holidays, if any proposed to
be prefixed, suffixed to leave
10. Ground on which leave is applied for
11. Date of return from last leave
12. Nature and period of that leave

Address while on leave

Signature of applicant

Place:

Date :

Recommendation of the In-charge (with date)

-----days EL/HPL due to his/her credit as on----- . Entry has been made in the
leave account

Dealing Asstt.
(with date)

Leave sanctioned/refused

Admn.Officer/Director