

**ICMR-National Institute of Cancer Prevention and Research**  
**PLOT NO.1-7, SECTOR-39, NOIDA-201 301**

Form of Application for earned/half pay/Earned Leave

1. Name of the Applicant
2. Leave Rules applicable
3. Post held
4. Present Pay
5. House rent allowance compensatory allowance and other allowance, if any drawn in the present post
- 6i) Nature of leave
  - ii) Period of leave
  - iii) Date from which the leave is required

7 Sunday and holidays, if any proposed to  
Be prefixed, suffixed to leave

8. Ground on which leave is applied for
9.
  - i) Date of return from last leave
  - ii) Nature and period of that leave

Address while on leave

Signature of  
applicant  
(with date )

Place:

Date :

Recommendation of the Officer-in-Charge

-----day/days EL/HPL/EOL due to his/her credit as on-----

Entry is made in the leave account

Dealing Asstt.

Dealing Asstt.

(with date )

Leave sanctioned/refused

Admn. Officer/Director