

**APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE**

1. Name of the Applicant.....
2. Designation with pay scale.....
3. Department/Office/Centre.....
4. Nature & Period of Leave applied for and the date from which required .....
5. Sundays and holidays, if any, proposed to be prefixed/suffixed to leave.....
6. Ground on which leave is applied for.....
7. Date of return from 1<sup>st</sup> leave.....
8. Whether Station Leaving Permission required       **YES / NO**
9. If yes, Address during the leave period.....

**10. Earned/commuted/or any other leave (like special casual leave, half pay leave, extraordinary leave): (Tick whichever is applicable)**

- A Date of Appointment in IUST.....
- B Total days earned/due till 1<sup>st</sup> January, 20\_\_\_\_.....
- C Total no of days availed so far.....
- D Winter Vacation availed so far.....
- E Medical Certificate by registered Medical Practitioner attached.   **YES / NO**

**11. Maternity/Paternity/Child Care leave: (Tick whichever is applicable)**

- A Date of Appointment in IUST.....
- B Expected Date of Delivery.....
- C No of days (Child Care Leave) availed so far.....

**I certify;**

- A That the Paternity Leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving child and is being availed during the confinement of my wife for childbirth.
- B That the Maternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving child.
- C That the Child Care Leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving child.
- D Medical certificate/medical prescription attached in support. **YES / NO**

12. In the event of my resignation or voluntary retirement from service, I undertake to refund:-
- I. The difference between the leave salary drawn during commuted leave and that admissible during half pay leave, which would not have been admissible had sub-rule (I) of rule 29 not been applied;
  - II. The leave salary drawn during leave not due which would not have been admissible has sub-rule (I) of rule 30 not been applied.

**I certify that the information as detailed above provided by me is true and correct.**

**Signature of the applicant (with date)**

13. Remarks and recommendations of the Controlling Officer

Signature (with date)

Designation.....

14. Certificate regarding admissibility of leave:-

Certified that..... (nature of leave) for (period) .....from.....to..... is admissible under rule.....of the Civil Services (Leave) Rule 1979.

Assistant Registrar/Deputy Registrar  
(Establishment)

15. Remarks and recommendations of the Registrar.

16. Order of the competent authority to grant leave.