

**ICAR Research Complex for NEH Region Umroi Road, Umiam, Barapani,  
Shillong Meghalaya- 793103**

**APPLICATION FOR LEAVE / EXTENSION LEAVE**

1. Name of the applicant :
2. Leave Rules applicable :
3. Whether employed on Government side or  
Research side :
4. Post held :
5. Substantive post, if any :
6. Post in which declared permanent/ quasi-permanent :
7. Name of the section to which attached :
8. Pay :
9. House rent allowance, conveyance allowance or other  
compensatory allowances drawn in the present post :
10. Nature and period of leave applied for and date from  
which required :
11. Sundays & holidays, if any, proposed to be prefixed/  
suffixed to the leave :
12. Ground on which leave is applied :
13. If applied for taking some examination, quote the  
number and date of memo granting permission  
for the examination :
14. I propose / do not propose to avail myself of leave  
travel concession :
15. Year when last availed of the travel concession :
16. Date of return from last leave and the nature and  
period of that leave :
17. Address while on leave: :

18. (a) I undertake to refund the difference between the leave salary draw during leave on average pay/commuted leave and that admissible during leave on half average pay/ half pay leave, which would not have been admissible had the proviso to F. R. 81(b)/rules 11(c) (iii) of the Revised Leave Rules, 1933 not been applied in the event of may retirement from service at the end of during the currency of leave.

(b) I undertake to refund the leave salary drawn during the leave not due which would not have been admissible had F.R. 81(c)/ rule 11 (d) of the Revised Leave Rules, 1933, not been supplied in the event of my voluntary/retirement from service at the end of during the currency of the leave

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

Date:

**REMARKS AND/OR RECOMMENDATION OF THE CONTROLLING OFFICER**

Date:

Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_

**CERTIFICATE OF ADMISSIBILITY OF LEAVE**

Certified that the following leave is due to  
Shri/Dr./Smt./Miss

1. \_\_\_\_\_

2. \_\_\_\_\_

Date:

Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_

|                          |           |    |
|--------------------------|-----------|----|
| Earned Leave for         | days from | to |
| Half Pay Leave for       | days from | to |
| Commutated Leave for     | days from | to |
| Extra Ordinary Leave for | days from | to |

With permission to avail holidays on \_\_\_\_\_  
\_\_\_\_\_ is granted.

Certified that he would continued in the post but for his proceeding on leave during the above period.

Signature with date:  
Designation :

Sc/-