

IRCON INTERNATIONAL LIMITED

(Head Office / Project_____)

APPLICATION FOR LEAVE

1. Name of applicant :
2. Post held :
3. Department & Section :
4. (a) Nature of leave :
- (b) Period : ___ days. From _____ to _____
- (c) Purpose :
5. Sundays / Holidays to be : Prefixed / suffixed
6. Whether intends to avail: LTC : If so, Block Year.
7. Leave Address :
8. In the event of my resignation or voluntary retirement from service, I undertake to refund such amount as under the leave rules in force may be refundable.

Signature of applicant

Dated:

Recommendations of the Superior Officer

Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

Certified that LAP / Commuted Leave / LHAP for_____ days from ____ to _____ is admissible under the rules.

Signature:

Designation:

*10 Orders of the authority competent to grant leave.

Signature:

Designation:

Date:

*If the applicant is drawing any compensatory allowance, it would also be indicated in the orders whether on expiry of the leave, the employee is likely to return to the same post or to another post carrying similar allowance.