

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

APPLICATION FOR EARNED LEAVE OR FOR EXTENSION OF LEAVE

1.	Name of applicant	
2.	Post held	
3.	Department, office and section	
4.	Pay	
5.	House-rent Allowance, Conveyance Allowance or other Compensatory allowance drawn in the present post	
6.	Nature and period of leave applied for and date from which required	
7.	Sundays and holidays, if any proposed to be prefixed/suffixed to leave	
8.	Ground on which leave is applied for	
9.	Date of return from last leave, and the nature and period of that leave	
10.	I propose/ do not propose to avail myself of leave travel concession during the ensuring leave	
11.	Address during leave period	

Signature of Application with date

12. Remarks /or recommendation of the controlling officer

Signature (with date) Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. I) Certificate that _____ from _____ to _____ for _____ days
(Nature of Leave)
is admissible under the leave Rules of the university.

II) If the leave applied for, is sanctioned then the balance at the applicant's credit will
be ----- day/s.

Signature (with date) Designation

Order of the authority competent to grant leave.

Signature (with date) Designation