



**NATIONAL INSTITUTE OF PUBLIC FINANCE AND POLICY  
NEW DELHI**

Date .....

**APPLICATION FOR LEAVE**

To : Director/Secretary/Sr. Adm. Officer

From : .....Designation.....

I shall be obliged if you kindly grant me ..... days leave on account of , ..... as follows :

(purpose may be indicated)

- 1. Casual Leave .....day (s); from.....to.....
- 2. Earned Leave.....day (s); from.....to.....
- 3. Leave on half pay.....day (s); from.....to.....
- 4. Commuted leave.....day (s); from.....to.....
- 5. Leave not due.....day (s); from.....to.....
- 6. Extra-ordinary Leave.....day (s); from.....to.....
- 7. RH (Restricted Leave).....day (s); from..... to.....

|   |
|---|
| Leave recommended<br><br><br><br><br><br><br><br><br><br>Sign of Supervisor |
|---|

My leave address  
 .....  
 .....  
 .....  
 .....

(Signature of Applicant)

**FOR OFFICE USE ONLY**

Entitlement.....Leave sanctioned for.....day(s)

Executive Officer

Sr. Adm. Officer / Secretary / Director

Entered in leave Record by .....

Entered in Attendance Register by.....