ALL INDIA INSTITUTE OF SPEECH AND HEARING: MYSORE-6

Application for Extension of Leave

1. Name of applicant Dr. Shijith Kumar C
2. Post Held Library & Information Officer
3. Department/Section Library & Information Centre
4. Pay Rs. 15600/- + other allowances
5. House rent and other compensatory As per rules

Allowances drawn in the present post

1. Nature and period of leave applied for and Extension of Earned Leave

Date from which required 02-01-13

1. Sundays and Holidays, if any,

Proposed to be prefixed/suffixed to leave

1. Grounds on which leave is applied for Personal
2. Date of return from last leave and nature

And period of that leave

1. I do not propose to avail myself of leave Travel Concession

For the block years……………….during the ensuing leave

1. Addresses during leave period As per Records

Date: Signature of applicant

For office use

1. Remarks and /or recommendations of the Head of the Department/section

Signature (with Designation)

Designation

Certificate regarding admissibility of leave

Certified that………………….for …………days from…………..to………………..is

Admissible under Rule……………….of the CCS Leave Rules, 1972. He/she will

Have…………………days of EL/HPL at credit

Date Establishment

Office Superintendent

Administrative Officer

Orders of the authority competent to grant leave

Date Director