



**NATIONAL INSTITUTE OF EDUCATIONAL PLANNING AND ADMINISTRATION
NEW DELHI**

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1.	Name of Applicant	:	
2.	Post held	:	
3.	Department, office and Section	:	
4.	Pay	:	
5.	House rent and other Compensatory Allowance drawn in the present post	:	
6.	Nature and period of leave applied for and date from which required	:	
7.	Saturday, Sunday and Holidays, if any, proposed to be prefixed/suffixed 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 for the block year during the Ensuring Leave	:	
11.	Address during leave	:	

Signature of Applicant

Date

Recommending Authority
Signature

Sanctioning Authority
Signature

Name & Designation_____

Name & Designation_____

Date:

Date: