

## APPLICATION FOR LEAVE

1.Name of applicant: SUNANDA MANDAL Leave application no:202307021479100  
2. HRMS ID: 2018006646  
3. Post Held: STAFF NURSE  
4.Leave Department: Leave Other  
5.Parent Department: Health & Family Welfare  
6.Present Department: Health & Family Welfare  
7.Employment Type: Permanent  
8.Employee Type: Employed  
9.Leave Rules applicable: Rule 207 of WBSR-I  
10. House allowances, conveyance allowance, or other Compensatory allowances drawn in the present post: 4020 0 260  
11. Nature and period of leave applied for and date from which required:  
1.Name of leave:Casual Leave  
2.Period of leave from:03/07/2023 to 03/07/2023  
3.Prefix from:NA to:NA  
4.Suffix from:NA to:NA  
12.Purpose of leave: Private Affairs  
13.Ground on which leave is applied for: personal reason  
14.Documents submitted (if any):  
15.Date of return from last leave, and the nature and Period of that leave: 21/06/2023,Compensatory Casual Leave,19/06/2023 To 19/06/2023  
16.Are you leaving station: No  
17.If yes, then period of station leave:  
18.Address for communication during station leave:  
19.Contact no. during station leave:  
20.Declaration/undertaking (if any):

Dated \_\_\_\_\_ Signature of Applicant

21.Remarks and/ or recommendation of the Controlling officer:-

Dated \_\_\_\_\_ Signature

BMOH

Dated \_\_\_\_\_ Signature

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If the applicant is drawing any compensatory allowance,the Sanctioning Authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying similar allowance.