

FORM J
[See rule 6 (1)]
APPLICATION FOR LEAVE

- 1. Name of Applicant.
- 2. Post held.
- 3. Department or Office.
- 4. (a) Nature of leave applied for.
(b) Period of leave in days.
(c) Intended date of commencement of the leave.
- 5. Particular rule or rules under which the leave is admissible.
- 6. (a) Date of return from last leave.
(b) Nature of the last leave.
(c) Period of last leave in days.

Dated:---

Signature of Applicant

- 7. Remarks and recommendation of the immediately superior-officer.

Certified that leave applied for is admissible under rule ----- and necessary conditions are fulfilled.

Signature of the immediately
Superior Officer
Designation

Dated:

- 8. Report of the Accounts Officer in the case of Officers in grade 16 or above.

Signature of the Accounts Officer
Designation

Dated:

- 9. Order of the sanctioning authority certifying that on the expiry of leave the applicant is likely to return to the same post or another post carrying the compensatory allowance being drawn by him.

Signature
Designation

Dated:

P.T.O

Form II
[See Rule 8].

FORM OF MEDICAL CERTIFICATE

Signature of applicant

**MEDICAL CERTIFICATE FOR CIVIL SERVANTS
RECOMMENDED FOR LEAVE OR EXTENSION**

I, _____, after careful _____ personal
examination of the case, hereby certify that _____
whose signature is given above, is suffering from _____
_____ and I consider that period of absence from duty of _____
_____ with effect from _____ is
absolutely necessary for the restoration of his health.

Dated the _____

Medical Attendant

FORM-II A

FORM OF MEDICAL CERTIFICATE OF FITNESS TO
RETURN TO DUTY

I, _____, do hereby certify that I have carefully examined _____ of the _____ Department, and find that he has recovered from his illness and is now fit to resume duties in Government service. I also certify that before arriving at this decision I have examined the original medical certificate(s) and statement (s) of the case (or certified copies thereof) on which leave was granted or extended, and have taken these into consideration in arriving at my decision.

Dated the _____

Medical Attendant