**INDIAN NAVAL CANTEEN SERVICE**

**LEAVE APPLICATION FORM**

1. Name & Designation : .................................................................................................................

2. Date of Joining ......................................... Area / Installation ......................................................

Earned / Half Pay /

Commuted / Maternity

From To No. of days

.........................................................

.........................................................

3. Details of last leave availed

during the current year

4. Nature & Period of leave

Earned / Half Pay /

Commuted / Maternity

applied for

5. Sunday & Holidays, if any, proposed

Prefix ................................... Suffix ................................

to be prefixed / suffixed to leave

6. Grounds on which leave is applied for ................................................................................................

......................................................................................................................................................................

7. Address during the leave period ..........................................................................................................

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8. I Propose / do not propose to avail myself of leave travel concession for the block year .............................. during the ensuing leave.

9. I may be paid advance leave salary as admissible, before proceeding on leave.

Place :

Date : Signature of Applicant

10. Leave entitlement verified Recommended/Not Recommended, Relief is/is not required.

Date : Signature of Head of Department

11. Approved/Not approved/Regularised.

Date : General / Regional Manager