

OFFICE OF THE ACCOUNTANT GENERAL  
(AUDIT - II), KARNATAKA, BENGALURU FORM OF APPLICATION FOR  
LEAVE / EXTENSION OF LEAVE

01	Name of the applicant	
02	Post held	
03	Department, Office & Section	
04	Basic pay	
05	HRA, conveyance allowance or other compensatory allowance drawn in the present post	
06	Nature and period of leave applied for and date from which required	
07	Sunday & holiday, if any proposed to be prefixed / suffixed to leave	
08	Ground on which leave is applied for	
09	Date of return from last leave and nature and period of that leave	
10	I propose / do not propose to avail myself LTC for the block period__ During the ensuing leave	
11	Address during leave period	

Dated:

Signature of the applicant

12. Remarks and / or recommendations of the Controlling Officer

Signature  
Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that ..... for ..... days from  
\_\_\_\_\_ To \_\_\_\_\_, is admissible under Rule  
\_\_\_\_\_ of the CCS (Leave) Rules 1972.

Signature  
Designation

Dated:

14. Orders of the authority competent to grant leave

Signature  
Designation

Dated:

Note: If the applicant is drawing any compensatory allowance, it should also be indicated in the orders on the expiry of leave, the Government servant is likely to return to the same post or to another post carrying a similar allowance.