



गनी खान चौधरी अभियांत्रिकी और प्रौद्योगिकी संस्थान
Ghani Khan Choudhury Institute of Engineering and Technology
(A Centrally Funded Technical Institute (CFTI), under Ministry of Education, Govt. of India)
नारायणपुर, मालदा जिला, पश्चिम बंगाल, पिन- 732141
Narayanpur, Dist- Malda, PIN- 732141 (WB)

न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

THE SECOND SCHEDULE (SEE RULE 3 H)
FORM- 1 (See Rule-14)

Application for EL/Commuted Leave/HPL/LND/EOL/Paternity Leave/Maternity Leave/Child Care Leave/SCL 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 Allowances drawn in the present post :.....
6. Nature & Period of Leave applied for and date from which required :.....
7. Sundays & Holidays, if any, proposed to be Prefixed/suffixed to leave :.....
8. Grounds 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 years during the ensuing leave :.....
11. Contact Details / Mobile No :.....
12. Alternative arrangement for duties during the Period of absence : (i) Dept.
: (ii) Inst. Level:
13. Does the leave applied for fall during Examination/ Evaluation period, if yes special reasons :
14. Whether Station Leave required (Yes/No) :.....
If yes, out station address

Date:

.....
Signature of Applicant (with date)

Remarks / Recommendation of the Controlling Officer

Signature of the Controlling Officer (with date)

FOR OFFICE USE ONLY

Certified that (nature of leave) for (period) from to is admissible under Rule of the Central Civil Services (Leave) Rules, 1972.

Signature (with date)

Designation

Orders of the competent authority to grant leave

Signature (with date)

Designation



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Application for Casual Leave/Restricted Holiday/Compensatory Off

1.	Name:	Employee Code:	
2.	Department:	Designation:	
3.	Leave admissible:	No. of days:	
4.	Leave availed so far excluding the Leave applied for (as per office record):	No. of days:	
5.	Balance of Leave (as per office record)		
6.	Leave applied for	No. of days:	dates:
7.	Saturday/Sunday/Holidays, prefixed/suffixed and/or intervening	No. of days:	dates:
8.	Total duration of absence (column 6+7)	No. of days:	
9.	Reason for the leave		
10.	Does the leave applied for fall during examination days	Yes/No	
		If Yes, No. of days: dates: Pl. give special reasons. (attach a sheet)	
11.	Alternate arrangements made in respect of: (a) Classes/lab classes and concurrence of respective faculty/staff member (b) Other responsibilities (i) Department level (ii) Institute level		
12.	Station Leave required (if yes, pl. give the dates and the contact address during the period)	Yes/No. Dates:	Contact address:
13.	Contact telephone no. during the leave period:	Landline No. (with code): Mobile No.:	

Signature of the applicant
Date:

Recommendation of In-Charge Lab/Workshop/Section (whichever applicable)

Sanctioned/Not Sanctioned

Sanctioning Authority
(Director/Registrar/Head of the Department/Head of the Section)



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APPLICATION FOR STATION LEAVE

1. Name & Designation :
2. Department / Section :
3. Type(s) of leave already approved
(Nos. of days) and please attach a copy
of Sanction letter and mention
sanction number and date. :
4. Suffix dates (Saturday/Sunday/Holidays) :
5. Prefix dates (Saturday/Sunday/Holidays) :
6. Station Leave required:-
 - (i) Date & Time of departure
from Station / HQ :
 - (ii) Date & Time of arrival
to Station / HQ :
7. Actual address during absence from
Station/HQ :
:
: State-
: Mobile No.....
8. a. Alternative arrangements of
Teaching assignments :
b. Alternative arrangements of duties
during leave of the employee :
9. Arrangement made for other institute :
level responsibilities (such as Dean/Warden /
Chief Warden / HoD/HoS/ Chairman-Committee/
Coordinator/ Lab I/c etc.
10. Alternative arrangement for duties during :
during the period of absence
Date:

.....
Signature of applicant

11. Station Leave Recommended / Not Recommended

Date:

.....
Signature of HoD/HoS

Decision of the Sanctioning Authority: Station Leave – Granted/Not Granted

Date:

Signature.....