

**RAJASTHAN STATE INDUSTRIAL DEVELOPMENT
& INVESTMENT CORPORATION LIMITED:
UDYOG BHAWAN: TILAK MARG: JAIPUR - 302005**

**LEAVE APPLICATION FORM FOR
MEDICAL/P.L./SURRENDER LEAVE.**

1. NAME OF APPLICANT : _____
2. FATHER/HUSBAND NAME : _____
3. POST HELD : _____
4. NAME OF UNIT/CELL : _____
5. NATURE OF LEAVE : _____
6. PERIOD OF LEAVE : _____
7. PREFIX/SUFFIX, IF ANY : _____
8. REASONS FOR APPLYING : _____
LEAVE : _____
9. ADDRESS WHILE ON LEAVE : _____

DATED: _____

SIGNATURE OF THE APPLICANT
NAME _____
DESIGNATION _____

(TO BE COMPLETED BY THE COMPETENT AUTHORITY)

Leave applied by Mr./Ms. _____ for the period from _____ to _____ Total Days _____ are sanctioned subject to leave titled. During the period of leave Mr./Ms. _____ Designation _____ look after his/her work.

(COMPETENT AUTHORITY)

No.
Dated:

The above is sent to Deputy Manager (HRD) for further action.

CELL INCHARGE
