

APPLICATION FOR LEAVE FOR GRAMIN DAK SEVAKS

1. Name :
2. Designations:
3. Nature and period of leave required:
(Paid Leave / Leave without Allowances)
4. Date from which leave is required :
5. Ground on which leave applied :
(Personal affairs/ Medical Ground / to Officiate in Departmental Post)
6. Full Address while on leave :
7. Name, age and Address of the substitute :
8. Specimen Signature of the substitute :

I hereby propose Sh/Smt/Kum..... whose particulars are given above to work as my substitute during my leave on my responsibility according to the form of the security bond executed by me.

I am aware of the provisions of Rule 7 of the Department of Posts Gramin Dak Sevaks (Conduct and Employment) Rules, 2001 and I will abide by them.

A charge report signed by my nominee and myself will be submitted as prescribed in Rule 50 of Rules for Branch Offices.

Necessary approval may kindly be accorded to this arrangement.

Station:

Date:

Signature of the Gramin Dak Sevak