UNIVERSITY OF HORTICULTURAL SCIENCES, BAGALKOT K. C. S. R. FORM 1-A

(See Rue 175)

FORM OF APPLICATION FOR LEAVE

12. 13. to _	Certified that Privilege/Earned Leave/Commuted Leav	days from
12. 13. to _	Date: Certified that Privilege/Earned Leave/Commuted Leave/Commut	esignation: eave/Half Pay Leave/ Months and days from Rules. gnature:
12.	Date: Si De Certified that Privilege/Earned Leave/Commuted Leave/C	esignation:eave/Half Pay Leave/ Months and days from
12.	Date: Si De Certified that Privilege/Earned Leave/Commuted Leave/C	esignation:eave/Half Pay Leave/ Months and days from
	Date: Si	_
	Remarks and / recommendation of the controlling officer:	
Dat	e: SIGNAT	URE OF THE APPLICANT
	resignation from service at any time until I earn half pay leave not less availed by me	У
11.	I undertake to refund the leave salary drawn during leave been admissible in the event of my retirement of	r
11	salary during halt pay leave in the event of my retiremen from service at the end of during the currency of the leave	e
9. 10.	(a) Address during leave I undertake to refund the difference between the leave	e
8.	Ground on which leave is applied for	
7.	Nature and Period of leave applied for the date from which required	n
6.	House rent allowance, conveyance allowance or othe compensatory allowance drawn in the present post	
5.	Pay	
4.	Department or Office	
3.	Post held	
	Leave Rules applicable, i.e. M.S. Rs. / K. C. S Rs./B.C.S. Rs. (Madras) H. C. S. Rs. UHS	. <u> </u>
2.	Name of Applicant	