

W.R.

LEAVE APPLICATION FORM

G 58 F

DEPARTMENT: _____

OFFICE: _____

- 1. Applicants Name in full and designation : _____
- 2. The date of attaining age of 60 years : _____
- 3. Nature and period of leave applied for : _____
And date from which required : _____
- 4. Purposes for which leave is required : _____
Note: If on medical ground, medical certificate should be attached.
- 5. Address while on leave : _____
: _____
: _____

Date: / /20 .

Signature of Applicant

Certificate by the officer maintaining leave account

Period and nature of leave last taken : _____

Total leave taken from : _____ To _____ Leave due on (date) _____

Certified that leave for _____ days from _____ To _____ may be granted.

No. : _____

Signature : _____

Date : _____

Designation : _____

Station : _____

W.R.

LEAVE APPLICATION FORM

G 58 F

DEPARTMENT: _____

OFFICE: _____

- 4. Applicants Name in full and designation : _____
- 5. The date of attaining age of 60 years : _____
- 6. Nature and period of leave applied for : _____
And date from which required : _____
- 4. Purposes for which leave is required : _____
Note: If on medical ground, medical certificate should be attached.
- 5. Address while on leave : _____
: _____
: _____

Date: / /20 .

Signature of Applicant

Certificate by the officer maintaining leave account

Period and nature of leave last taken : _____

Total leave taken from : _____ To _____ Leave due on (date) _____

Certified that leave for _____ days from _____ To _____ may be granted.

No. : _____

Signature : _____

Date : _____

Designation : _____

Station : _____

Service By: Gen. Secy. J.R.Bhosale - Western Railway Employees' Union-Grant Road (East) Station building, Mumbai.

Help: Santosh Pawar 09724091002 & Vinod Manjrawala 09427534295