SPORTS AUTHORITY OF INDIA

Dated: _____

Application for grant of C.L./R.H./E.L./Station Leave

Name	:	_____
Designation	:	_____
Section where working	:	_____
Period of Leave	:	_____
Purpose	:	_____
Whether wants to avail LTC During this period, if so, please state the place to be visited	:	_____
Leave Address	:	_____
Name & Designation of the person who will carry out the duties of the applicant during the absence	:	_____

Signature: _____

Name in block letters _____

Remarks of the next superior officer

Recommended/Not recommended
Sanction/Not Sanctioned

Signature _____

Name _____

Designation _____

Date _____