



APPLICATION FOR LEAVE FOR GRAMIN DAK SEVAKS

1. Name.....
2. Designation.....
3. Nature (Paid Leave /LWA) and period of Leave requiredDays.
4. Date from which leave applied.....To.....
5. Grounds on which leave applied (Personal affairs /Medical ground/to officiate in a departmental post)
Paid leave.
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 terms of the security bond executed by me.

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

A charge report signed by myself and my nominee will be submitted as prescribed.

Rule 50 of Rules for Branch Office
Rules 45 and 46 of P&T Manual, Volume-1V

Necessary approval may kindly be accorded to this arrangement.

Station.....

Date.....

Signature of the Gramin Dak Sevak

LEAVE SANCTION ORDERS

1. Sh. /Smt./Kum.....Designation.....
BO/SO.....Division.....has been permitted to proceed on leave without allowances (LWA)/Paid leave for.....Days w.e.f.....
2. The appointment so Sh./Smt./Kum.....as his/her substitute is approved the clear understanding that the substitute may be discharge by the Appointment Authority at any time without assigning any reason.
3. The substitute is entitled only to the minimum of the TRCA applicable to GDS.
4. The paid leave at credit of the GDS for the half year ending on.....after deducting the paid leave now sanction is.....Days only.

Date.....

Signature of the Sanctioning Authority

Copy to:

1. Sh./Smt./Kum.....BO/SO.....
2. Sh./Smt./Kum.....(Substitute).
3. Postmaster.....HO 175101
4. Office Copy.