



CENTRAL BOARD OF SECONDARY EDUCATION, DELHI
“SHIKSHA SADAN”, 17, ROUSE AVENUE, NEW DELHI - 110002

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

1. Name of the officer/ staff:
2. Designation:
3. Branch of posting:
4. Date and duration of leave:
5. Purpose for which leave is applied for:
6. Address during leave:
7. Contact No.: Mobile- Land Line (With STD Code):
8. Any other information (If any):

Signature of the applicant with date

Remarks of the Reporting Officer:-----

Alternative Arrangement:-----

Name of the Reporting Officer & Signature with date:-----

CERTIFICATE OF AVAILABILITY OF LEAVE

(To be completed by the staff maintaining the CL/RH Record Register)

1. Leave already availed:.....
2. Balance due:.....
3. Number of days for which leave is applied for:.....

**Signature
of the official maintaining CL/RH Record Register**

(To be presented with CL/RH Record Register by the concerned staff)

Orders of the Sanctioning Authority: **Sanctioned/ Not Sanctioned**
Remarks (If any):

**Signature
of the leave Sanctioning Authority with date**

DETAILS OF ENTRY IN CL/RH RECORD REGISTER

(To be presented with CL/RH Record Register)

It is hereby certified that necessary entries have been made in the CL/RH Record Register.

Sl. No.:-----

Date:-----

**Signature
of the staff maintaining the CL/RH Record Register**

Entries in CL/RH Record Register are correct and verified.
Remarks (If any):

**Signature of the Director (Trg.)/
Joint Director (Acad. & Voc.), CBSE with date**

To,
SO (A&A)/Dealing Assistant maintaining the CL/RH Record Register