



ASSAM ELECTRICITY GRID CORPORATION LIMITED

APPLICATION FOR EARNED LEAVE / HALF PAY LEAVE / COMMUTED LEAVE/MATERNITY LEAVE

1. Name of the Applicant :
2. Post held :
3. Department of Office :
4. Nature and period of leave applied :
for and from which required
5. Ground on which leave is applied :
(for HPL/Medical Leave certificate
should be produced)
6. Date of return from last leave and :
the nature and period of leave

Date :

• Signature of the applicant

Remarks and / or recommendation :
of the controlling officer

Date :

Signature & Designation of the
Controlling Officer