

LEAVE APPLICATION – OFFICERS

I

(To be faxed to NHQ by the originator if the effecting date is less than 5 working days from the date of signing)

1. Name in Block Capitals _____

2. P No _____ Rank _____ Branch _____

3. Ship/Estab _____ Appt/Duties _____

4. Particulars of Leave Requested:

a. Type and Amount of Leave Requested _____

b. Date from which Desired _____

5. Special Reasons, if any, for Applying _____

6. Leave Address

(Blank no to be given) _____

a. Tel No (if any) _____

b. Mobile No _____

c. Email _____

7. Details of all Leave Availed if any in the Current Year _____

Date _____ Signature _____

II

Endorsement No _____ Date _____

1. Forwarded for consideration, leave recommended / not recommended.

2. Relief required / not required.

Signature _____

Designation _____

From:

To:

Info: