

**FRAGRANCE & FLAVOUR DEVELOPMENT CENTRE  
KANNAUJ**

**EARNED LEAVE AND HALF PAY / COMMUTED LEAVE**

1. Name (in Block Letters) \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Section \_\_\_\_\_
4. Period of Leave Applied for \_\_\_\_\_ Days from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ with permission to  
Prefix \_\_\_\_\_ suffix \_\_\_\_\_
5. Nature of Leave applied \_\_\_\_\_
6. Ground on which leave applied for \_\_\_\_\_
7. No. of time leave availed during  
the calender year (excluding CL) \_\_\_\_\_
8. Whether advance of leave is required  
(in case the leave is for 31/10 days or) \_\_\_\_\_
9. Whether intend to take advantage  
of leave travel concession, if eligible \_\_\_\_\_
10. Leave address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place : FFDC, Kannauj

Signature of Applicant

Date : \_\_\_\_\_

Recommended/not recommended

\_\_\_\_\_  
(Immediate Superior)

**ORDER OF THE COMPETENT AUTHORITY**  
(Approved Subject to eligibility)

Suitable action will be taken regarding custody of papers, equipment and store etc. before he/she goes on leaves.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

**CERTIFICATE OF ELIGIBILITY**

Dr./Shri/Smt/Km. \_\_\_\_\_ is entitled for the  
following leave as on \_\_\_\_\_

(1) Earned Leave \_\_\_\_\_ days

(2) H.P.L. \_\_\_\_\_ days

Sanctioned/Not Sanctioned

Dealing Asstt.

Competent Authority