

DETAILS OF LEAVE AVAILED

Leave Earned										Medical Leave					L.W.P.				Remarks
From	To	At Credit	Leave Sanctioned		No. of days	Balance Leave	Page No. in S/B	From (OM No. & date)	To	No. of days	Balance Leave	Page No. in S/B	From (OM No. & date)	To	No. of days	Ground on which leave sanctioned	Page No. in S/B	Remarks	
			From (OM No. dt.)	To															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	