

To

The Director
ICMR- Regional Medical Research Centre,
Chandrasekharapur, Bhubaneswar

Sub: Application for

Leave Travel Type <input type="radio"/> HLTC <input type="radio"/> HLTC Converted <input type="radio"/> LTC All India	Leave type given in e-Office ? <input type="radio"/> Casual Leave <input type="radio"/> Earned Leave	Station Leave taken in e-Office ? <input type="radio"/> Yes <input type="radio"/> No
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Respected Madam,

I am planning to avail HLTC/HLTC Converted/LTC (All India) to (Place) on (date) during the Block year . Self/Family members availing EL/CL from to . The details of members availing the HLTC/ HLTC Converted/LTC (All India) and previous block year availed (Block Years) are given as under.

Particulars of family members

Sl. No.	Name	Relation	Age
01.	<input type="text"/>	<input type="text"/>	<input type="text"/>
02.	<input type="text"/>	<input type="text"/>	<input type="text"/>
03.	<input type="text"/>	<input type="text"/>	<input type="text"/>
04.	<input type="text"/>	<input type="text"/>	<input type="text"/>
05.	<input type="text"/>	<input type="text"/>	<input type="text"/>
06.	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am also requesting for encashment for the above purpose.

Yes, 10 Days EL Encashment requesting.
 No, not required.

Yours Faithfully,

Thanking You.

Bhubaneswar

Date:

Signature:

Name:

Designation:

Email ID:

Mob:

I certify, I have applied leave and station leave in e-Office, before submitting this application.