

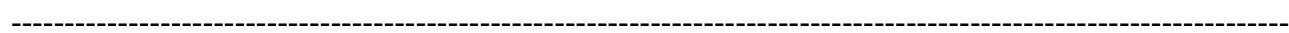
Application for Commuted Leave/Sick Leave

- 1. Name :
- 2. Designation :
- 3. Station :
- 4. Staff No. :
- 5. PF No. :
- 6. Section/Office :
- 7. Period of Sick From : To :
No of days :
- 8. Name of Health Unit/
Railway Hospital :
- 9. Sick Certificate No & date :
- 10. Fit Certificate No & date :
- 11. Interim certificate if any :

12. Period to be treated as
- a) Sick/LAP
 - b) Sick/LHAP
 - c) Sick/ExL
 - d) Commuted Leave
- | |
|--|
| |
| |
| |
| |

13. Remarks :

Station :
Date : Signature of the Employee



No.
Forwarded to DPO/ for action please

Signature of Supervisory Official

Station : Designation
Date :

