**OFFICE OF THE PRINCIPAL DIRECTOR OF AUDIT (CENTRAL) CHENNAI**

**LEKHA PARIKSHA BHAVAN, 361 ANNA SALAI, CHENNAI – 600 018**

**CASUAL LEAVE / RESTRICTED HOLIDAY APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | NAME OF THE APPLICANT | **:** |  |  |
| 2. | DESIGNATION | **:** |  |  |
| 3. | OFFICE & SECTION | **:** |  |  |
| 4. | NO. OF DAYS OF CL / RH ALREADY AVAILED OF | **:** |  |  |
| 5. | NO. OF DAYS OF CL / RH (WITH DATE) NOW APPLIED FOR | **:** |  |  |
| 6. | GROUNDS ON WHICH CASUAL LEAVE IS APPLIED FOR | **:** |  |  |

 SIGNATURE OF THE APPLICANT

PLACE:

DATE:

REMARKS AND ORDER OF THE SANCTIONING AUTHORITY

ENTERED IN THE C/L REGISTER

SIGNATURE OF THE AAO / SAO