

FORM-I

**APPLICATION FOR LEAVE OR EXTENSION OF LEAVE**  
**GOVERNMENT OF SIKKIM**  
**(SIKKIM)**

**(For use by the Government servant applying for leave)**

- 1) Name of the Applicant : .....
- 2) Designation : .....
- 3) Department : .....
- 4) Nature and period of leave applied for with date : .....
- 5) Sunday's and holiday's, if any proposed to be prefixed or suffixed to leave : .....
- 6) Grounds on which leave is applied for : .....
- 7) Date of return from last leave : .....
- 8) Whether Medical Certificate is enclosed in case the leave is on Medical ground : .....
- 9) Address during leave period : .....

To,

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(Signature of the Applicant) with date

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**(FOR USE BY THE SANCTIONING/RECOMMENDING AUTHORITY )**

Dated Signature (with designation)

DKP/.....