



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज  
**REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES**

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)  
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

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**THE SECOND SCHEDULED**

(See Rule(b))

**FORM-1**

(See Rule 14)

**APPLICATION FOR LEAVE OR EXTENSION OF LEAVE**

1. Name of Applicant (Block letter) :
2. Post Held :
3. Department, Office & Section :
4. Pay :
5. House rent and other compensatory-allowances drawn in the present post :
6. Nature and period of Leave applied :
7. Sundays and Holodays, if any proposed to be prefixed/suffixed to leave :
8. Ground on which leave is applied for :
9. Date of return from the last leave and the nature and period of the leave :
10. I propose/do not propose to avail myself-of leave travel concession for the block years during the ensuring leave :
11. Address during the leave period :

Signature of applicant  
(with date)

12. Remark and Recommendation of the Controlling Officer.

Signature (with date)  
Designation

13. Certified that Shri/Smt \_\_\_\_\_ applied for \_\_\_\_\_  
(nature of leave) for the period from \_\_\_\_\_ to \_\_\_\_\_ is admissible under  
rules \_\_\_\_\_ of the C.S.S. Leave Rules.

Signature(with date)  
Designation

14. Orders of the authority competent to grant leave.

Signature(with date)  
Designation