



འབྲུག་གཞི་རིག་གཞུང་གི་འགྲེམ་སྟོན་གྲུབ་འབྲས་ལྷན་ཁང་གི་
 དཔལ་ལྷན་འབྲུག་གཞི་རིག་ལྷན་ཁང་།

Bhutan InfoComm and Media Authority
 Royal Government of Bhutan



LEAVE APPLICATION FORM

Name : Date :
 Designation : Place :
 Division :

To,

The Director
 Bhutan InfoComm and Media Authority
 Thimphu.

Dear Sir,

Kindly grant me leave as requested below:-

Type of Leave	No. of Days	From	To
CL/EL/ML/PL/LWP/EOL			
Reason: personal			
Leave Address (in detail)		<u>Leave at Credit</u>	
		Casual Leave	
		Earned Leave	
		Medical Leave	
Name of the official who will Replace in your absence			

Signature of applicant

FOR OFFICAL USE ONLY

Recommendation of Division:

Sanctioning Authority.