

**THE KERALA STATE CO-OPERATIVE CONSUMERS FEDERATION LTD;
ERNAKULAM**

APPLICATION FOR CASUAL LEAVE

- 1. Name :**
- 2. Designation :**
- 3. Department/Section/Unit :**
- 4. No.of days for which leave is required**
With date :
- 5. Grounds on which leave is applied for :**

Signature of the applicant

Place :

Date :

**L.R.F
Section**

O.M/A.O/M.D