



ANDHRA PRADESH
SWARNA GRAMAM SWARNA WARD
CL APPLICATION FORM

Application Date: _____

Name of the Employee	:	
Designation	:	
Ward Name	:	
Working Place	:	
Ward Sachivalayam No	:	
Total No. of CLS	:	
Total No. of OHs	:	
No. of CLs availed	:	
No. of CLs now required	:	
Date of CL	:	
Cause for CL	:	
No. of CLs balance	:	
No. of OHs balance	:	

- Signature of the Employee :.....

- Signature of the Admin Secretary :.....

- Issuing Authority :.....