|  |  |
| --- | --- |
| **Please tick one:** | **(Clinical Staff / Non-clinical staff)** |
| **MR (ID) No. of Employee** |  |
| **Name of Applicant** |  |
| **Father’s name** |  |
| **Designation** |  |
| **Employee status***(select one option)* | **Civil / Institutional / Contractual / Daily Wager** |
| **Dates applied for medical leave** |  |
| **Reason(s):** |  |
| **Medical Prescription attached** | **Yes \_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Duty cover** *(Name & Sign of employee)* |  |
| **Department / Section / Unit:** |  |
| **Signature of applicant** |  |

|  |  |
| --- | --- |
| **Leave applied for** |  |
| **Leaved availed (before)** |  |
| **Leave balance** |  |

**Record Keeper Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| **Remarks of controlling officer** |  |
| **Signature** |  |
| **Remarks of Sanctioning authority** |  |
| **Signature** |  |