|  |  |
| --- | --- |
| **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** |
| **Date & Time** | **Date\_\_\_\_\_\_\_\_\_\_\_\_ Time: From\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_** |
| **Reason(s):** |  |
| **Duty cover** *(Name & Sign of employee)* | **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Department /section/unit:** |  |
| **Signature of applicant** |  |

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

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

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