National Health Systems Resource Centre

Ministry of Health & Family Welfare, Government Of India, New Delhi

LEAVE APPLICATION FORM

Leave Detail

Name: ..... Designation: .....Division: .....

Date & Day for Leave-From: .....To: .....(.....day)

Nos. of days: ..... Suffix / Prefix holidays (if any) .....

Type of Leave: Consolidated Leave ☐ Earned ☐ Casual ☐ Sick ☐ RH ☐

Contact Address & Telephone No. during leave: .....

.....

During leave, responsibility handed over to: .....

(Name & signature) Date:

HR Department

No of Leave Admissible ☐ Leave Not Admissible ☐

(Human Resource Manager) Date:

Divisional Approval Status

☐ Leave Approved ☐ Leave Not Approved

Remarks (If Any).....

(Advisor / Head Of Div / Dept.) Date:

Administration

(PAO / ED) Date:

.....For HR Dept. Only.....

Received On (Date)..... Received By: .....

Remarks (If Any) : .....