



HAH CENTENARY HOSPITAL

(Associated Speciality Teaching Hospital of Hamdard Institute of Medical Sciences & Research)
Guru Ravidas Marg, Hamdard Nagar, New Delhi-110062



H-2022-1041

LEAVE APPLICATION FORM

APPLICATION	NAME.....	<i>Designation</i> <i>Emp ID</i> <i>Department</i>
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Days Casual / During Leave / EL / ML / LWP / Others.....From	To.....
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PURPOSE	<i>Date</i> <i>Signature</i>	Address During Leave Period
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FOR OFFICE USE				<i>Remarks / Recommendation of the Department Head</i>		
LEAVE POSITION & RECOMMENDATION	Category	Availed so far	Present Position	Application received in the Admn Divn on		
	Leave					
						<i>Report of Establishment Section</i>
						<i>Date</i> <i>Establishment Incharge</i>

SANCTION ETC. <i>Date</i> <i>Sanctioning Authority</i>	Application No..... Entered on Leave Registered Page No..... On..... <i>Personal Assistant</i>
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EL : Earned Leave
CL : Casual Leave

ML :- Medical Leave
LWP :- Leave without Pay
DL :- Duty Leave