



NATIONAL HEALTH MISSION (AROGYAKERALAM)

LEAVE APPLICATION FORM (CASUAL LEAVE/ EARNED LEAVE /LOP /MATERNITY LEAVE)

(To be filled by applicant)

District _____

1. Name of Applicant (in BLOCK Letters) Shri/Smt/Dr _____

2. Initial date of Joining in NRHM/NHM -----/-----/-----

3. Designation _____

4. Name of Institution _____

5. District _____

6. Contract Period From -----/-----/----- To -----/-----/----- 7. Total Completed Years in NRHM/NHM -----

8. Leave Availed during the year Casual Leave ----- Earned Leave -----

9. Address for Communication with Contact Number _____

Email ----- Mobile -----

10. Nature of Leave Required Now Casual Leave / Loss of Pay / Maternity Leave / Earned Leave

From -----/-----/----- To -----/-----/-----

11. Leave Period

12. Reason for Leave _____

13. Sundays & Holidays if any, proposed to be prefixed/suffixed to leave Prefix -----
Suffix -----

Date: -----/-----/-----

Signature of Applicant

OFFICE USE ONLY

Remarks from the Institution Working

Remarks from District Programme Manager

Name & Signature of the Officer with Office seal

Signature of the Officer with Office seal

- Note: 1. All the fields are Mandatory.
 2. Those leave application incomplete in any respect will be rejected.
 3. Any leave application other than the above format will not be considered
 4. Applicants shall proceed for leave only after the approval from competent authority