

LEAVE APPLICATION FORM – NATIONAL HEALTH MISSION

Date :

(To be filled by the Applicant)

1	Name (IN BLOCK LETTERS)				
2	Designation				
3	Name of Institution				
4	District				
5	Initial Date of entry in NHM/NRHM Service				
6	Contract Period				
7	Leave Period	From		To	
8	Nature of Leave	Maternity leave		Loss of Pay	
	8 (a)	If Maternity Leave EDC Date/ Date of Delivery			
	8 (b)	If LOP, Reason for LOP			
9	Address (Communication) with Pincode and Contact number				
10	No. of days of leaves already availed during this contract period				
11	Nature of Long Leave already taken				

Signature of the Applicant

Remarks from the Institution working

Remarks from DPM:

Signature of the Officer with Office Seal

Signature of the Officer with 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