



**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH
AND ASSOCIATE HAH CENTENARY HOSPITAL
HAMDARD NAGAR, NEW DELHI – 110062**

LEAVE APPLICATION FORM

1. Name of the applicant
(in block letters)
2. Designation
3. Department
4. Nature of leave applied
5. Period of leave days from to
6. Ground on which leave is applied for
7. Address during the leave period
.....
.....
.....

Dated:

Signature of applicant

Remarks of HOD

Signature

Remarks of Sanctioning Authority

Approved / Not-approved

Signature

Note: No Employee will leave the station without prior sanction of leave / permission to leave the station.