



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

Days Castral / EL / Leave Sanctioned / Rejected

Application No.....
 Entered on Leave Registered Page No.....
 On.....

SANCTION
ETC.

Date

Sanctioning Authority

Personal Assistant

EL : Earned Leave
CL : Casual Leave

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