



**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH
AND ASSOCIATED HAH CENTENARY HOSPITAL
Guru Ravidas Marg, Hamdard Nagar, New Delhi -110062**

LEAVE APPLICATION FORM

<i>APPLICATION</i>	<i>NAME</i> <i>Designation</i> <i>Emp. ID</i> <i>Department</i>			
<i>LEAVE APPLIED FOR</i> <i>Days CL/ EL / AL / ML / DL / LWP & Others</i> <i>From</i> <i>To</i>			
	<i>Date</i>	<i>Signature</i>	<i>Address During Leave Period</i>	
	<i>Details</i>			<i>Purpose</i>
	<i>Category</i>	<i>Availed so far</i>	<i>Present Position</i>	<i>Remarks</i>
<i>LEAVE POSITION & RECOMMENDATION</i>	<i>CL</i>			
	<i>AL</i>			<i>Remarks / Recommendation of Department Head</i>
	<i>EL</i>			
	<i>ML</i>			
			<i>Date</i>	<i>Signature</i>
<i>SANCTION ETC.</i> <i>Days Leave Sanctioned / Rejected</i> <i>Date</i>			<i>Remarks, if any</i> <i>Sanctioning Authority</i>

CL : Casual Leave
EL : Earned Leave

ML : Medical Leave
AL : Academic Leave

DL : Duty Leave
LWP : Leave Without Pay