

Medical Leave Application

1. Name of Applicant :- _____
2. Designation :- _____
3. Department/Office/Section :- _____
4. Type of Leave :- _____
5. Due :- _____

6. Date of Leave :- _____
7. Reason(s) for leave applied for has been to:- _____
8. that required to leave the station: _____ (Yes No)
9. If yes, address during the leave period: _____

Signature of Applicant :- _____

Date :- _____

Controlling Officer / Approving Competent Authority

Date :- _____

Signature :- _____

Designation :- _____

Office :- _____