

APPLICATION FOR LEAVE

1.Name of applicant:

RINA GHOSH

2. HRMS ID:

1996001165

3. Post Held:

STAFF NURSE

4.Leave Department:

Leave Other

5.Parent Department:

Health & Family Welfare

6.Present Department:

Health & Family Welfare

7.Employment Type:

Permanent

8.Employee Type:

Employed

9.Leave Rules applicable:

Rule 172 of WBSR-I

10. House allowances, conveyance allowance, or other Compensatory allowances drawn in the present post:

8472

0

280

11. Nature and period of leave applied for and date from which required:

1.Name of leave: Earned Leave

2.Period of leave from: 24/06/2024 to 09/07/2024

3.Prefix from: NA to: NA

4.Suffix from: NA to: NA

12.Purpose of leave:

Private Affairs

13.Ground on which leave is applied for:

Daughter's semester exam.

14.Documents submitted (if any):

15.Date of return from last leave, and the nature and Period of that leave:

05/12/2023, Earned Leave, 20/11/2023 To 04/12/2023

16.Are you leaving station:

No

17.If yes, then period of station leave:

18.Address for communication during station leave:

19.Contact no. during station leave:

20.Declaration/undertaking (if any):

Dated

Signature of Applicant

21.Remarks and/ or recommendation of the Controlling officer:-

Dated

Signature

BLOCK MEDICAL OFFICER OF HEALTH

Dated

Signature

If the applicant is drawing any compensatory allowance, the Sanctioning Authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying similar allowance.