

APPLICATION FOR LEAVE

1.Name of applicant:	BIJAYA GAYEN	Leave application no:202208162293411
2. HRMS ID:	2018006442	
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 205 of WBSR-I	
10. House allowances, conveyance allowance, or other Compensatory allowances drawn in the present post:	4020	0 440
11. Nature and period of leave applied for and date from which required:	1.Name of leave:Special Sick Leave 2.Period of leave from:16/08/2022 to 20/08/2022 3.Prefix from:NA to:NA 4.Suffix from:NA to:NA	
12.Purpose of leave:	Medical treatment for sickness or injury either on vessel or in hospital under rule 205(1) of WBSR-I	
13.Ground on which leave is applied for:	Due to sickness and prescribed by the doctor.	
14.Documents submitted (if any):	Medical certificate	
15.Date of return from last leave, and the nature and Period of that leave:	03/03/2022,Earned Leave,17/02/2022 To 02/03/2022	
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):	I declare that my ill health is not due to drunkenness/self-indulgence/own wilfull action/own Carelessness or inexperience	
Dated	Signature of Applicant	
21.Remarks and/ or recommendation of the Controlling officer:-		
Dated	Signature BLOCK MEDICAL OFFICER OF HEALTH, PATASHPUR BPHC	
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.