

APPLICATION FOR LEAVE

1.Name of applicant: ARCHANA NATH Leave application no:202011283026295

2. HRMS ID: 1990004473

3. Post Held: Health Assistant (Female)

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 169 of WBSR-I

10. House allowances, conveyance allowance, or other Compensatory allowances drawn in the present post: 6648 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:03/12/2020 to 16/12/2020

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: Husband Death's Occassion

14.Documents submitted (if any):

15.Date of return from last leave, and the nature and Period of that leave: 04/03/2020,Commuted Leave,28/02/2020 To 03/03/2020

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
BMOH NATABARI BPHC

Dated _____ Signature