

**Leave Application Form for PG Students (Residents)**

UID No. \_\_\_\_\_ Application Date : \_\_/\_\_/\_\_\_\_

Name of the PG Student (Resident) : Dr. \_\_\_\_\_

Batch : \_\_\_\_\_ Department : \_\_\_\_\_

Type of Leave (CL / AL / ML / LWP) : \_\_\_\_\_ No of Days : \_\_\_\_\_

Period of Leave Date : From \_\_/\_\_/\_\_\_\_ To \_\_/\_\_/\_\_\_\_

Reason for Leave : \_\_\_\_\_

Leaving Campus on : \_\_/\_\_/\_\_\_\_ Returning on : \_\_/\_\_/\_\_\_\_

Address During Leave : \_\_\_\_\_

Contact Number During Leave Period : \_\_\_\_\_

Alternate Arrangement of Duties : \_\_\_\_\_

Leave Sanctioned : Yes / No

Signature of :

PG Student	HoD / HoU / Guide	ADMS/CMS/MS/Dean

After duly approved by the all concerned shall be submitted to HR Dept.

Leave Record (For Office Purpose)

Sr.	Type of Leave	Leave Entitled	Leave Availed	Leave Balance
1	CL	15 (Not more than 6 at a time)		
2	AL	10		
3	ML	15 (Only During Hospitalization)		

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_