



॥ ज्योतिर्गमय ॥

Mayo Institute of Medical Sciences

Faizabad Road, Gadia, Barabanki-225001, U.P., India

LEAVE APPLICATION FORM

Date of Joining.....

Name..... Dr. Jyotima Singh Id No.

Mobile No..... 727500149

Designation..... Senior Resident Department..... OBG.

Nature of Leave Applied: - Casual Sp. Leave Compensatory

Earned Medical LWOP

Leave Applied (Date)

Maternity leave.
*

From..... 10/04/19 To..... 9/10/19. For..... 06 Months day(s)

Purpose of Leave..... Maternity reasons.

Address During Leave..... 0-Block, Ganti Nagar, Lko.

Applicant's Signature..... Jyotima Singh (email attached dt - 19/03/19)

Duty Noted by (Name/Dept)..... Dr. Chitangade Gupta (email att. - 10/04/19.)

Signature..... [Signature] Contact No. 9742633885 Date

* leave availed during 14/03/19 to 9/04/19 LWOP.

Signature of HOD..... [Signature] 12/04/19

Remarks of Dean/MS..... [Signature]

Entered for maternity leave only for 100 days.
Completed 100 days on 17.7.19
For office use only

Balance Leave :- EL..... CL..... ML.....
Sp. CL..... CO..... LWOP.....

Checked by..... Signature..... Date.....