

**DEPARTMENT OF NURSING SERVICES
JIPMER, PUDUCHERRY**

APPLICATION FOR AVAILING EARNED LEAVE

Puducherry
Date:

Name of the Applicant (Mr. /Ms. /Mrs.) :

Employee No :

Designation & Ward :

Nursing Section : I / II / III

To
The Director,
JIPMER,
Puducherry.

Sir,

Date/s of Earned leave requested :

Date/s of day off requested :

Reason for Leave :

Outstation Permission : Yes / No

Signature of the Applicant

Nursing Sister

A.N.S

D.N.S

Nursing Superintendent

Chief Nursing officer

Remarks:

Address:

NOTE: Please tick (✓) the needed field and strike out not required