

**DEPARTMENT OF NURSING SERVICES
JIPMER, PUDUCHERRY**

APPLICATION FOR AVAILING CASUAL LEAVE / RESTRICTED HOLIDAY

Puducherry
Date:

Name of the Applicant (Mr. /Ms. /Mrs.) :
Employee No :
Designation & Ward :
Nursing Section : I / II / III

To
The Medical Superintendent,
JIPMER Hospital,
Puducherry.

Sir,

Date/s of Casual leave / R.H 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