

**DEPARTMENT OF NURSING SERVICES
JIPMER, PUDUCHERRY**

APPLICATION FOR AVAILING COMMUTED 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 Commuted leave Advised :

Reason for Leave :

Medical Leave form Attached : Yes / No

Signature of the Applicant

Signature of forwarding authority

Remarks:

Address:

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