

**G. B. PANT HOSPITAL**  
**GOVERNMENT OF NCT OF DELHI**  
**1, JAWAHAR LAL NEHRU MARG, NEW DELHI-110 002.**

**LEAVE APPLICATION FORM FOR CONTRACTUAL STAFF ( NURSES & PARAMEDICAL STAFF).**

**DEPARTMENT :** \_\_\_\_\_

Please fill up application form **only in capital letters**:

01	<b>Name of the official</b>	
02	Designation	
03	Present Contract period of the official must be mentioned here:	<b>From _____ to _____</b>
04	Total No. of leave allowed during the year	<b>2.5 days per Month</b>
05	Any other type of leave, if permissible (Maternity Leave etc.)	
06	Dates of previous leave allowed during the present contract period as per attendance register.	From _____ to _____ No. of Days (_____).
07	<b>Present Leave</b>	<b>From _____ to _____</b> <b>No. of Days (_____).</b>
08	Whether permission to leave station required: (Yes/No)	
09	Reason for Leave:	Address & Contact No. during leave period:-
10	Leave balance after sanctioning present leave as per attendance record.	No. of Days (_____).
11	If the permissible leave already taken by the official during the present contract period, the <b>leaves without pay</b> must be shown against this column.	

Date: \_\_\_\_\_

Place: **GB Pant Hospital, New Delhi.**

Applicant's Signatures: \_\_\_\_\_

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Emp. Code: \_\_\_\_\_ File No. \_\_\_\_\_

Name & Signature of the forwarding in-charge:

Verified from attendance Register: - Yes / No

**Name & Signature of the HoD/OFFICER I/C**  
**(With Seal)**

**Forwarded to:**