

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

**LEAVE APPLICATION FORM FOR REGULAR EMPLOYEES**

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

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

<b>Name of the Official</b>				
Designation				
Place of Posting				
Whether Regular/ Ad-hoc (Mention period also if on Ad-hoc)				
Details of previous leave mentioning period	<b>E/L</b> (if applicable)	<b>C/L</b>	<b>M/L</b> (if applicable)	<b>Any other type</b>
Leave Balance on account, as on date of application (No. of days)	<b>E/L</b> (if applicable)	<b>C/L</b>	<b>M/L</b> (if applicable)	<b>Any other type</b>
Type of leave applied E/L, C/L, M/L, Half Pay/ Commuted etc.(No. of days)	<b>E/L</b> (if applicable)	<b>C/L</b>	<b>M/L</b> (if applicable)	<b>Any other type</b>
<b>Period of leave</b>	<b>From _____ to _____ ( _____ ) Days</b>			
	<b>Type of leave _____</b>			
Prefixes/Suffixes				
<b>Reasons for leave</b>				
Whether station leave required	Yes / No	Address & Contact No. during leave period→		
Details, if proposed for LTC, Leave encashment etc.				

Thanking you,

**Place: GBPH, New Delhi.**

**Dated:**

Name & Signature of the forwarding in-charge:  
 Verified from attendance Register: - Yes / No

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

Yours faithfully,

**Signature:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Designation:** \_\_\_\_\_  
**Employee Code:** \_\_\_\_\_ **File No.** \_\_\_\_\_

**Forwarded to:**