

SMT. K. B. ABAD HOMOEOPATHIC MEDICAL COLLEGE,
SHRI. R. P. CHORDIYA HOSPITAL &
BHAMASHAH SHRI V. D. MEHTA, DEV-VIJAY
P. G. INSTITUTE OF HOM. & RESEARCH CENTRE
NEMINAGAR, CHANDWAD. 423101 DIST - NASHIK (M.S)



APPLICATION FOR LEAVE

- 1) NAME: Dr N. V. Dhawankar
- 2) DESIGNATION: Professor SECTION: Practice of Medicine
- 3) NATURE OF LEAVE: O.D
- 4) PERIOD OF LEAVE APPLIED FOR ONE Day (s)
(From 20-3-24 To 20-3-24.) With Permission
Prefix / Suffix Sunday & Holiday on _____
- 5) REASON: KOPARGAON (DPD)
- 6) PERMISSION TO LEAVE HEAD QUARTERS REQUESTED _____ YES / NO

U. J. J.
Signature of Applicant.

PERIOD ADJUSTMENT

TIME	CLASS / DUTY	NAME	SIGNATURE
10.30 To	IV BHMS	Dr. Shalini Sharma.	<u>Shalini Sharma</u> 19/03/24
12.30 pm	CLINIC.		
1.15 TO	IV BHMS	Dr. Shalini. Sharma.	<u>Shalini Sharma</u> 19/03/24
2.15 pm	Theory		

The above is Recommended / Not Recommended.

U. J. J.
Signature of HOD

LEAVE ADMISSIBILITY REPORT : C.L / M.L / E.L. / D.L. / O.D. / EXCHANGE / OTHER

Leave at credit of applicant: _____ day's

Leave applied for: _____ day's

Balance : _____ day's

Establishment Clerk: _____

The Leave from : / /20 to / /20

Not sanctioned / Recommended / Not recommended for the reason mentioned below

Signature of Applicant



F. S. S.
19/3/24
PRINCIPAL

EHP Done

SNJB's

SMT. K. B. ABAD HOMOEOPATHIC MEDICAL COLLEGE,
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APPLICATION FOR LEAVE

1) NAME: Dr. Amit P. Jagtap

2) DESIGNATION: Asst. Prof. SECTION: Gen. Med.

3) NATURE OF LEAVE: O.D.

4) PERIOD OF LEAVE APPLIED FOR 01 Day (s)
(From 28/2/24 To 29/2/24) With Permission
Prefix / Suffix Sunday & Holiday on _____

5) REASON: Kopergaon visit

6) PERMISSION TO LEAVE HEAD QUARTERS REQUESTED _____ YES / NO

Signature of Applicant.

PERIOD ADJUSTMENT

TIME	CLASS / DUTY	NAME	SIGNATURE

The above is Recommended / Not Recommended.

Signature of HOD

LEAVE ADMISSIBILITY REPORT : C.L / M.L / E.L. / D.L. / O.D. / EXCHANGE / OTHER

Leave at credit of applicant: _____ day's

Leave applied for: _____ day's

Balance : _____ day's

Establishmet Clerk: _____

The Leave from : / /20 to / /20

Not sanctioned / Recommended / Not recommended for the reason mentioned below.

Signature of Applicant



[Signature] 29.2.24
PRINCIPAL