

Ch. Devi Lal State Institute of Engg. & Technology, Panniwala Mota (Sirsa)

Subject: Application for Medical Leave

Name : _____ Designation : _____

Branch : _____ Mobile Number : _____

Medical Leave: from _____ to _____ No. of Days _____

Address of Employee : _____

Reason : _____

Date of Fitness: _____

Encls. Medical certificate of Competent Authority

Signature of Applicant

Recommended by H.O.D. / Officer-in-Charge

Assistant

Deputy Registrar (Admin)/ HKRNL

O/I Admin.

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