To,

Principal/ Medical Superintendent,
BabaKheta Nath Govt. Ayurvedic College& Hospital,
Patikara, Narnaul.

Sub: -CASUAL LEAVE/STATON LEAVE/RH APPLICATION FORM

1. Name of Employee :
2. Designation :
3. Headquarter : Baba Kheta Nath Govt. Ayurvedic College and Hospital, Patikara, Narnaul.
4. Date of Joining :
5. Total CL :
6. Balance CL :
7. CL/SL With Date :
8. Now Balance CL/ RH :
9. Reason of CL :
10. Mobile No. :
11. Address On Leave :
12. Reliever :

Signature of Applicant
Date: