



निर्देशक (एनिम्स) का कार्यालय
OFFICE OF THE DIRECTOR (ANIIMS)
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES
अण्डमान तथा निकोबार प्रशासन
Andaman & Nicobar Administration

LEAVE APPLICATION
(STAFF NURSE)

Date: ___/___/20___

1. Name :
2. Designation :
3. Department :
4. Nature of Leave : Earned Leave/ Maternity Leave
5. Fromto.....
6. Leave availed in the current year :
7. Reason for Leave :
8. Address on Leave :
9. Contact Number :

Signature of the Staff

Matron
(Sign with Date & Seal)

Recommended / Not Recommended

Medical Superintendent
(Sign with Date & Seal)

Recommended / Not Recommended

Sanctioned/ Not Sanctioned

Director (ANIIMS)