



NRHM AYUSH Dispensaries

APPLICATION FORM FOR LEAVE

Name of the Medical Officer

Name of the Dispensary

Nature of leave

Leave from

To

Number of Days

Purpose of leave

Details of leave already availed in this calendar year

Date

Signature of Employee

Details to be entered by the o/o DMO (ISM / Homoeo)

Whether leave request is sanctioned / rejected

Reason for rejection (if any)

DMO (ISM / Homoeo)