



# Shri.Prakashchand Jain Homoeopathic Medical College, Hospital & Research

Palaskhed(BK) Jamner.Dist.Jalgaon

## APPLICATION FOR LEAVE

Name: Dr. Alakhanda S. Padi

Designation: professor Department: human Anatomy

Nature of leave: Casual leave ☒ Medical leave ☐ Special leave ☐

Maternity leave ☐ Extra ordinary leave ☐ Special disability leave

Other specifying ☐ Leave without pay ☐

Period of Leave Days.....0/..... from.....01/02/2025 to.....01/02/2025

Contact address and phone number during the period of leave 9881131096

pine

[Signature]  
Signature of the applicant

## Leave Status

(To be filled by office staff)

Leave	Casual leave	Medical leave	Special Leave	Maternity leave	Extraordinary leave	Sp. disability leave	Others, specify	Leave without pay
Availed	<input checked="" type="checkbox"/>							
At credit								

Entered by (Name and Sign by Office Staff)

[Signature]  
Principal/Supintendent

**PRINCIPAL**  
Shri.Prakashchand Jain  
Homoeopathic Medical College,  
Hospital & Research Palaskheda Bk,  
Jamner, Tal. Jamner, Dist. Jalgaon

