



Rajiv Gandhi National University of Law, Punjab
(Established under Punjab Act No. 12 of 2006)
(Accredited with 'A' Grade by NAAC)

Application Performa for Medical Leave (Commutated)

1. Name of applicant : _____
Staff ID _____
2. Post held : _____
3. Department, Office and Section : _____
4. Nature and period of leave : **Medical Leave=**
5. Number of Days & date from which the leave required
Number of Days:
From _____ To _____
6. Sunday, and holidays, if any proposed to be prefixed/suffixed to leave : Prefix: _____
Suffix : _____
7. Grounds on which leave is applied for : _____
8. Balance of Medical Leave in his/her leave account : _____
9. Date of return from last leave and the nature and period of that leave : _____

Signature of the Employee

Recommendation _____

Submitted for necessary orders of the Vice-Chancellor to sanction the medical leave (commuted) in respect of
Dr./Mr./Ms. _____ for _____ day(s) i.e. from _____
_____.

Establishment Branch

Registrar

Vice-Chancellor