



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 (Commuted)

1. Name of applicant : _____
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 _____.

Assistant Registrar (Estt.)

Deputy Registrar

Registrar

Vice-Chancellor