

**PROFORMA FOR TAKING/APPLYING STUDY LEAVE****PART - I**

1. Name of the Applicant (in full) .....
2. Father's/Husband's Name .....
3. Date of Birth .....
4. Designation & Rank No. ....
5. Detail of Employment in Safdarjang Hospital:

Date of Appointment	Scale of Pay & Basic Pay + Grade Pay	Status (Temporary/ Permanent/ Contractual/Adhoc)	If confirmed, date of confirmation

6. Educational Qualification:

Examination Passed	Year	Board/University	Division	Subject

7. Period for which Study Leave is required: .....
8. Detail of course :

Name of Course	Name of University with address	Recognised or Not	Duration of course	Whether course is Regular/ Part time /correspondence/ Online

9. Copy of the Advertisement/  
Prospectus enclosed .....

10. Whether Study Leave was granted previously. If so, give details:

Period with dates	Course of Study	Whether the course of study was successfully completed

11. Whether any Extra Ordinary Leave was granted previously for any assignment in or outside India. If so, give details: .....

12. State how the proposed training/study has a direct/close connection with the sphere of the duties of the applicant .....

13. Any other information which the applicant may like to furnish/ inform .....

I have carefully read the Study Leave Rules as per CCS (CCA) Leave Rules, understood their implications and agree to abide by them as well as the condition of Bond.

Date.....

Signature of the Applicant

Part - II

**TO BE FILLED BY THE NURSING INCHARGE/HEAD OF THE DEPTT./HEAD OF THE OFFICE**

Name of the Officer & Designation & Deptt.	Name of the employees already on Study Leave/EOL for purpose of study/training etc.				Arrangement made during the absence of employee, if leave is granted
	Name of employee	Kind of Leave	Period of leave	purpose	

**RECOMMENDATIONS/REMARKS (IF ANY)**

**Signature of the Officer with stamps**

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Part - III

**RECOMMENDATION OF THE HEAD OF THE INSTITUTION/MEDICAL SUPERINTENDENT**

**Signature of the Medical Superintendent**