

SREE NARAYANA NURSING COLLEGE

Stonehousepet, Chinthareddypalem, Nellore - 524 002. A.P.

LEAVE APPLICATION FORM



From Name : Mrs. Vinodini Ch
 Emp. ID : 41400259
 Designation : Asso. Professor
 Department : CHN

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :
 Guntur.
 Phone : 8919099398

Types of Leaves	From	To	Remarks
Casual	14/5/24	14/5/24	1 day
Sick			
Academic			
On Duty			
Day off			
Compensatory off			
Any other			
Compensatory off for working on			

Alternate:
 I accept to carry the jobs of the applicant during leaves period

Name : Mrs. Vinodini Ch Signature Date Mrs. Ch. Vinodini Ch
 Signature of applicant

Recommended / non recommended Sanctioned / Not Sanctioned

HOD SIGNATURE PRINCIPAL

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

Nellore-524 002

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LEAVE APPLICATION FORM

From Name : Kalpana Baddu
 Emp. ID : 41400026
 Designation : Professor
 Department : Community Health Nurse

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :
 Guntur
 Phone : 9618643700

Types of Leaves	From	To	Remarks
Casual	6/2/2024	6/2/2024	1 day
Sick			
Academic			
On Duty			
Day off			
Compensatory off			
Any other			
Compensatory off for working on			

Alternate:
 I accept to carry the jobs of the applicant during leaves period

Name : Signature Date 5/2/24 B. Kalpana
 Signature of applicant

Recommended / non recommended Sanctioned / Not Sanctioned

HOD SIGNATURE PRINCIPAL

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

PRINCIPAL

NELLORE-524 002

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LEAVE APPLICATION FORM



From Name : Mrs. Shabbara Begum To : The Human Resource Department
 Emp. ID : 41300345 Narayana Medical Institutions
 Designation : professor Nellore.
 Department : OBG

Contact Address During Leaves :

Kolluru

Phone : 9493914124

Types of Leaves	From	To	Remarks
Casual	16/01/24	16/01/24	1 day
Sick			
Academic			
On Duty			
Day off			
Compensatory off			
Any other			
Compensatory off for working on			

Alternate:
I accept to carry the jobs of the applicant during leaves period

Name : M. P. ... Signature: [Signature] Date: 15/01/24 Signature of applicant: [Signature]

Recommended / non recommended: _____ Sanctioned / Not Sanctioned: [Signature]

HOD SIGNATURE Principal

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LEAVE APPLICATION FORM

From Name : V. Rupa Saritha Reddy To : The Human Resource Department
 Emp. ID : 41300340 Narayana Medical Institutions
 Designation : professor Nellore.
 Department : Medical Surgical Nursing

Contact Address During Leaves :

R. First floor hidden treasure, Apartment

Phone : 78 93314542

Types of Leaves	From	To	Remarks
Casual			
Sick			
Academic			
On Duty			
Day off			
Compensatory off			
Any other			
Compensatory off for working on			

Alternate:
I accept to carry the jobs of the applicant during leaves period

Name : V. Rupa Saritha Signature: [Signature] Date: _____ Signature of applicant: V. Rupa Saritha

Recommended / non recommended: _____ Sanctioned / Not Sanctioned: [Signature]

HOD SIGNATURE Principal

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 NELLORE-524 002