

NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524 003. A.P.



LEAVE APPLICATION FORM

From :
Name :
Emp. ID :
Designation :
Department :

To
The Human Resource Department
Narayana Medical Institutions
Nellore.

Contact Address During Leaves :

Phone :

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 :	Signature	Date	Signature of applicant
Recommended / Not recommended		Sanctioned / Not Sanctioned	
HOD Signature		Principal	

D. S. Reddy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524 003. A.P.

LEAVE APPLICATION FORM

From : Mrs. Latha. A
 Name :
 Emp. ID : 41300209
 Designation : professor
 Department : MSN dept

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :

Phone : 9160887339

Types of Leaves	From	To	Remarks
Casual			
Sick			
Academic			
On Duty			
Day off			
Compensatory off	22/04/24	22/04/24	1 day
Any other			
Compensatory off for working on	14/04/24	14/04/24	

Alternate

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

Name : M. Mani Signature

Date 21/02/24

Signature of applicant

Recommended / Not recommended

Sanctioned / Not Sanctioned

HOD Signature

Principal

Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003



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LEAVE APPLICATION FORM

From : P. Shanmugadina
 Name :
 Emp. ID : 41300333
 Designation : Professor
 Department : Child Health Nursing

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :
 Namangudi, Tenali Road
 Phone : 9738418028

Types of Leaves	From	To	Remarks
Casual	21/03/24	23/03/24	3 days
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 : R.T. Girija Rao Signature: *[Signature]* Date: 20/03/24 Signature of applicant: *[Signature]*

Recommended / Not recommended Sentioned / Not Sanctioned

[Signature] HOD Signature *[Signature]* Principal

[Signature]
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003.



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Chinthareddypalem, Nellore - 524 003. A.P.

LEAVE APPLICATION FORM

From : Mrs. N. Subhagini
 Name :
 Emp. ID : 41300219
 Designation : Associate Professor
 Department : MSN

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :

Phone : 8074766148

Reason for Maternity leave

Types of Leaves	From	To	Remarks
Casual			
Sick			
Academic			
On Duty			
Day off			
Compensatory off			
Any other	18.01.2023	29.05.2023	5 Months
Compensatory off for working on			

Alternate

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

Name : D. Sathya Signature

Date 17/01/23

Signature of applicant

Recommended / Not recommended

Sanctioned / Not Sanctioned

HOD Signature

Principal

D. Sathya
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003



NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524 003. A.P.

LEAVE APPLICATION FORM

From : Mr. Lakshman Rao
 Name : 41300073
 Emp. ID : I.I
 Designation : I.I
 Department : Nursing

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :

Phone : 9705425531

Types of Leaves	From	To	Remarks
Casual	/		
Sick			
Academic			
On Duty			
Day off			
Compensatory off	28/05/24	28/05/24	2 days
Any other			
Compensatory off for working on	26/05/24	26/05/24	1 day

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

Name : S. Kishan
 Signature

Date 27/05/24

Signature of applicant
 Lakshman Rao

Recommended / Not recommended

Santioned / Not Santioned

HOD Signature

Principal

Dr. B. Anand
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003

NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524 003. A.P.



LEAVE APPLICATION FORM

From : Mr. Kishore J
Name :
Emp. ID : 113 00040
Designation : A.O
Department : Administration

To
The Human Resource Department
Narayana Medical Institutions
Nellore.

Contact Address During Leaves :

Phone : 9948851579

Types of Leaves	From	To	Remarks
Casual	.		
Sick	13/03/24		1 day
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 : K. Srinivasan Signature

Date 12/03/24

Kishore
Signature of applicant

Recommended / Not recommended

Sanctioned / Not Sanctioned

HOD Signature

Principal

Dy. Principal

NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



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Chinthareddypalem, Nellore - 524 003. A.P.

LEAVE APPLICATION FORM

From : Mrs. Anavarku
 Name :
 Emp. ID : 41300353
 Designation : Computer COP
 Department : office

To
 The Human Resource Department
 Narayana Medical Institutions
 Nellore.

Contact Address During Leaves :
 Nellore
 Phone : 9010285934

Types of Leaves	From	To	Remarks
Casual	19/01/24	21/01/24	3 days
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. Saral Signature

Date 18/01/24

Signature of applicant

Recommended / Not recommended

Sanctioned / Not Sanctioned

HOD Signature

Principal

Principal

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 Chinthareddypalem,
 NELLORE - 524 003



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Chinthareddypalem, Nellore - 524 003. A.P.

LEAVE APPLICATION FORM

From : NNI To :
 Name : SK. Rasheeda The Human Resource Department
 Emp. ID : 41300266 Narayana Medical Institutions
 Designation : 41300266 Nellore.
 Department : operator (computer)

Contact Address During Leaves :

Reason: For Maternity leave

Phone: Chinthareddypalem (524) Nellore

Types of Leaves	From	To	Remarks
Casual	10/08/2023	10/2/2024	6 Months
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 : Sarala

Signature

Date: 09/08/2023

Signature of applicant

Recommended / Not recommended

Sanctioned / Not Sanctioned

HOD Signature

Principal

~~Dr. Sarala~~
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003