

**MODERN EDUCATION SOCIETY'S
COLLEGE OF ENGINEERING, PUNE 1**

Application for Medical Leave

1.	Name of Applicant	<hr/> Surname _____ Name _____ Middle Name _____
2.	Designation & Department	Designation _____ Dept. _____
3.	Period of Leave	From _____ To _____
4.	Whether the Leave is Suffixed or Prefixed	
5.	Reason of Leave	
6.	Address for Communication during Leave Period	
7.	Signature of Applicant & Date	
8.	Recommendation of Head of the Dept. / Section in charge with Signature	Recommended / Not recommended.

TO BE FILLED IN BY OFFICE

Leave Balance as on date of Applicant:

	Accumulated Leave	Half Pay Leave
Last Balance		
Less Leave Day		
Balance		

Leave Admissible /Not Admissible

Leave/LWP granted

Section In charge

Registrar/Principal