

Leave Extension Application Form

(All details must be filled in English and in Capital letters)

Personal Details

Name of the Applicant: _____

Designation: _____ Employee ID: _____

Work Place: _____

Contact No: _____ Local Contact No: _____

Email: _____

Purpose of Leave Extension: _____ Times Applied for Leave Extension: _____

Duration of Stay: _____

Name of Hospital: _____

Current Stay Address: _____

Emergency Contact Name: _____ Emergency Contact No: _____

Official Details

Controlling Authority Name: _____ Designation: _____

Office Name & Address: _____

Office Contact No: _____ Office E-mail ID: _____

Enclosed Documents (Mandatory):

- | | |
|---|---|
| <input type="checkbox"/> Government Order | <input type="checkbox"/> Request Letter |
| <input type="checkbox"/> Hospital Recommendation Letter | <input type="checkbox"/> Entry Seal |
| <input type="checkbox"/> Visa Copy | <input type="checkbox"/> Passport Copy |

Date: _____

Signature: _____

Place: _____