

Government of West Bengal,
Department of Health & Family Welfare

PROFORMA FOR APPLICATION FOR SANCTION OF STUDY LEAVE

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
6	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether 5 years of continuous service completed on date of application	
9	Whether NOC for appearing in the Entrance Examination through which the applicant is selected to undergo further study has been submitted	
10	Whether any EOL granted during Service (If Yes, details of)	
11	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
12	Whether any period of absence pending for regularization (If yes, details of)	
13	Whether any Departmental Proceeding pending for completion (If yes, details of)	
14	Whether any Vigilance Case pending for completion: (If yes, details of)	

Full Signature of Applicant with date

15	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal