**Shri Shivaji Education Society, Amravati**

## Dr. Panjabrao Deshmukh Nursing Institute, Amravati – 444 603

# LEAVE APPLICATION

**(For the students residing in girls' hostel)**

Name: .....

Course: ANM ☐ GNM ☐ B.Sc. (N) ☐ PB B.Sc. (N) ☐

Year: I Year ☐ II Year ☐ III Year ☐ IV Year ☐

Period of leave: No. of days: ..... From: ..... To: .....

Reason: .....

Contact address & Phone no. during the period of leave: .....

.....

Date: ..... Signature of the Student

**FOR OFFICE USE**

(To be filled by the Warden)

Number of leave availed during last three months

| Particulars | Last month | Before Last month | Before two months |
|---|---|---|---|
| Leave availed with permission | | | |
| Leave availed without permission | | | |

Remarks of the Warden: .....

Date & Signature of the Warden

Principal
Dr. PDNI Amravati – 444 603