transmed limited

LEAVE APPLICATION FORM - 2026

Name of Applicant/ID: **Designation:**
Department:

Casual Leave:**14 Days** & Sick Leave: **14 Days** Leaving station YES/NOT Payment With/without

LEAVE POSITION AS ON

Period	Days	Balance Casual	Sign	Sign Check	Sign HoD	Sign G.M	Sign T.D	Sign M.D	Sign Chairman
Period	**Days**	**Balance Sick**	**Sign**	**Sign Check**	**Sign HoD**	**Sign G.M**	**Sign T.D**	**Sign M.D**	**Sign Chairman**

Remarks: