Form A

Application for Quarantine Leave (Covid Positive Patients and 1st Contacts)

1	Name with initials	....
2	Employee Number	....
3	Designation	....
4	Faculty / Department / Division / Centre	....
5	Status of the Employees	....

Permanent [＿＿＿]   Assing. Basis [＿＿＿]   Other [＿＿＿＿＿＿]

Contract [＿＿＿]   Daily Paid [＿＿＿＿]

6 Permanent Address
Where you are under quarantine
(As mentioned in the personal file)

7 No of days you are under quarantine under the instruction of MOH office.(Attach evidence documents submitted by MOH to prove that you are under quarantine) ....

8 If evidence are not attached please mentioned the MOH office with contact details
....

9 I certify that above details ate true and correct.

....
Signature of the Applicant   Date

Recommendation of the Head,

Assistant Registrar /Non Academic Establishment Division,

I recommended the Quarantine Leave and forwarded for necessary action please.

....
Signature of Head of the   Date
Department/Division/Centre

UMO,
Please give your recommendation to grant Quarantine Leave for
Prof./Dr./Mr./Mrs./Miss. ....From ....to...........................

....
Assistant Registrar   Date
Non Academic Establishment Division

Recommendation of UMO & PHI

Assistant Registrar/
Non Academic Establishment Division

Quarantine leave for Prof./Dr./Mr./Mrs./Miss.. is recommended.

....
Signature of PHI   Date

....
Signature of UMO   Date

Leave Clerk

Please take action to obtain the Council approval to grant Quarantine Leave for
Prof./Dr./Mr./Mrs./Miss... for the period from............................ To ....

....
Assistant Registrar   Date   Leave Clerk   Date
Non Academic Establishment Division