

CHANDIGARH ADMINISTRATION
POLICE DEPARTMENT

APPLICATION FOR LEAVE ON MISCARRIAGE/ABORTION

1.	Rank, Name & No.	
2.	Place of Posting	
3.	Date of Miscarriage/ Abortion	
4.	No. of already surviving Children	
5.	Date of birth of surviving Children	(1)DOB _____ (2)DOB _____ (3)DOB _____
6.	Period of leave required	From _____ to _____
7.	Address while on leave with mobile No.	
8.	Whether facing Criminal Case or Departmental Enquiry	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certified that the above information is correct. A self attested copy of Medical Certificate is attached.

Signature of Applicant

Forwarded & recommended

Inspector/i/c Unit/SHO

Forwarded & recommended

GO/Dy SP/.....

Dy Director(Admn)