

From

Dr M.R. Bindhu  
Asst Professor  
Dept of Physics  
Nanjil Catholic College of Arts & Science  
Kaliyatekurilai.

To

The Principal  
Nanjil Catholic College of Arts & Science  
Kaliyatekurilai

Respected Sir,

Sub: Req. for medical leave -

This is to inform you that I have had a dizziness last week and due to that I lost my tooth and lower lip damaged badly and I was not in proper state of health. I went for a medical checkup and diagnosed as small cyst, seizure and migraine. My doctor advised me to take rest for 15 days. Herewith I am submitting medical certificate. I hope that you will consider my situation and grant me leave for 15 days from 17<sup>th</sup> Feb 2018 to 3<sup>rd</sup> Mar 2018. I have arranged M.Phil scholar, Ms. S. Anay to handle my classes in my absence.

Thanking You.

For Dr Bindhu  
A M R Bindhu  
23.2.18

Yours faithfully



23.2.18

Palavilai.



Work Adjustment by Dept. of Physics

1. I B.sc Physics - Optics - 4 hrs/week - M. Phi Student - Anny
2. II M.sc Physics - Spectroscopy - 5 hrs/week - M. Phi Student - A. E. H. S.
3. I. Chem Practicals 2 hrs/week Dr. P. Sekar & M. Phi
4. I B.sc Practicals 2 hrs/week Completed
5. II B.sc Practicals 2 hrs/week Completed
6. Projects → Dr. M. R. Bindhu is guiding projects for 4 M.sc Students & 2 M. Phi Students.

She assured that she will come after two weeks and complete the project.

A. [Signature]  
23/2/18

P.S

23/02/18

Dr. P. Sekar Rama  
Subram  
H.O.D of Phys.

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE**  
**KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff : *Suja Meelin V*  
Designation : *Asst. Professor*  
Department : *Computer Science*  
Address : *Paloor, Kallungal*

Nature of Leave, CL/EL/ML : *ML*

Leave Already Availed : *1*

Period of Leave :

From *05.02.2018* to *08.02.2018* (.....*4*..... days)

Reason for Leave : *Hospitalized for head injury.*

Place : *Kaliyakkavilai*

Date : *09.02.2018*

*Suja Meelin V*  
Staff Signature

*(Out) HOD*  
*9/2/18*  
HOD

*A. Manoj*  
*09.2.18*  
Principal

Secretary

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE**  
**KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff : K.P. Johnson  
Designation : Driver  
Department : Transport  
Address : 15/47-A, Mariya Bhavan  
Arakkal vilai, Paceda P.O.  
Pin-629168.  
Nature of Leave, GT/EL/ML ✓ : m/L  
Leave Already Availed : Nil  
Period of Leave : 23 days  
From 02/01/2018 to 24/01/2018 (23 days)

Reason for Leave : Sick.

(Copy of medical certificate attached)

Place : Vattavilai

Date : 03/01/2018

  
Staff Signature

  
03/01/18

Principal

  
Secretary



# ST. THOMAS HOSPITAL

KURISUMMOOD P.O., CHANGANACHERRY

Ph: 0481-2722100, 27229000

## MEDICAL CERTIFICATE

This is to certify that Mr./Mrs. JOHNSON, K.P. 53 years

(Hospital No. 271532) has been under my treatment for

Subacute bacterial endocarditis of aortic valve from 27/12/17 to 31/12/17

He/She was advised complete rest from 31/12/17 to 31/01/2018 for the  
above illness. He/She is fit to resume duty from .....

Date 31/12/17

Signature [Handwritten Signature]

A Health Care Project of the Archdiocese of Changanacherry

[Handwritten Signature]  
(K.P. JOHNSON)

From

P Akila

Junior Assistant

NACCAS, kaliyakkavilai.

To

The Secretary

NACCAS, kaliyakkavilai.

Sub: "Rejoining - Reg"

Respected Father

First I express my lot of thanks to the management for granting me the maternity leave from 01.10.2017 to 31.12.2017. Now I am rejoining to the institution today [02.01.2018, Tuesday] after the maternity leave.

So please accept my rejoining letter.

Thanking you.

kaliyakkavilai

02.01.2018

Yours Faithfully.

P Akila

P Akila  
02.01.2018

NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI

Leave Application Form

Name of the Staff : Dr. George David  
Designation : Asst. Prgr.  
Department : Social Work  
Address : Jesa Bhavan, Near SAT  
Thoothoor, Thoothoor P O  
Nature of Leave, CL/EL/ML : ML  
Leave Already Availed : Yes  
Period of Leave : 2 days  
From ... 14/6/17 ..... to ... 15/6/17 ..... ( ..... 2. days)  
Reason for Leave : Leg problem

Place : Thoothoor

Date : 16/06/2017

M.B. David  
Staff Signature

M.B. David  
HOD

[Signature]  
Principal  
16/6/17

[Signature]  
Secretary



From

Bhabitha . R L.,  
Assistant Professor,  
Department of English,  
Nanjil Catholic College of Arts and Science,  
Kaliyakkavilai.

To

The Secretary,  
Nanjil Catholic College of Arts and Science,  
Kaliyakkavilai.

Through

The Principal,  
Nanjil Catholic College of Arts and Science,  
Kaliyakkavilai.

Sir,

Sub: rejoining to duties reg:-

I like to rejoin my duty from today  
(14-6-2017) onwards . I will be faithful and  
respectful to my duties and the institution.

Thanking You

yours faithfully,  
Bhabitha . R.L.

Forwarded.

*[Signature]*

14/6/17

*[Signature]*  
14/6/17

From

Anisha P.

Assistant Professor,

Department of English,

Nanjil Catholic College of Arts and  
Science, Kaliyakkavilai

To

The Secretary,

Nanjil Catholic College of Arts and  
Science, Kaliyakkavilai.

Through

The Principal,

Nanjil Catholic College of Arts and  
Science, Kaliyakkavilai

Sir, Sub-rejoining to duties reg:-

I like to rejoin on my duty from  
today (14-6-2017) onwards. I will be  
faithful and respectful to my duties  
and the institution.

Thanking You.

Forwarded.



14/6/17

  
14/6/17

Yours faithfully,



From

Mrs. Subi Mof G.S

Asst prof. Dept of Business Administration

NACCAS,

Kaliyakkavilai

To

The Secretary,

NACCAS

Kaliyakkavilai

Respected Sir,

Sub: Extension of Maternity leave - Reg

I have already availed maternity leave from 01<sup>st</sup> April to 01<sup>st</sup> June. It is to inform you that I am still weak and due to my illhealth, I request you to extend my maternity leave for an additional month i.e) for this entire June month I hope you would consider my request and would approve my maternity leave.

Thanking You.

Kaliyakkavilai,

14/06/2017

Yours Faithfully

*Subi Mof*

From

C. Ganam Deepa  
Lab Assistant  
Dept of Chemistry  
Nanjil Catholic College of Arts and Science  
Kaliyakkavilai

To

The Secretary Father  
Nanjil Catholic college of Arts and Science  
Kaliyakkavilai

Respected Father

I am working in this college from  
Lab Assistant in Dept of Chemistry  
previous 4 month I had availed leave  
from 11/1/17 to 31/5/17 due to maternity leave  
So please accept my join letter from  
next Academic Year

Thanking You

Kaliyakkavilai

31/5/17

Yours obediently

C. Deepa

Forwarded  
[Signature]

31/5/17

[Signature]  
10/06/2017

From

A. Chitra,  
Lab Assistant,  
Department of Physics,  
Nanjil Catholic College of Arts & Science,  
Kaliyakkavilai.

To

The Secretary,  
Nanjil Catholic College of Arts & Science,  
Kaliyakkavilai.

Respected Father,

I am in the family way after 3 years,  
My Doctor advised me to take rest for <sup>more</sup> 2 months.  
So I kindly request you to grant leave for 2 Months.

Thanking you.

Yours faithfully,

A. Chitra.

Date : 16-8-2017

Place : Kaliyakkavilai.

# KANYAKUMARI MEDICAL MISSION

CHURCH OF SOUTH INDIA (C.S.I.)

## MARTHANDAM HOSPITAL

### MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE

Signature of Applicant *A. Chitra*

I, Dr. M. Abitha Grace, MBBS, DGO, after careful personal examination of the person hereby certify that Sri./Smt. *A. Chithra* Lab. Assistant, Nanchil Catholic Arts & Science College, Kalyukavilal, whose signature is given above is suffering from *G3A2 at 12 wks* *Threatened Abortion* and I consider that period of absence from duty of *60* days with effect from *2.8.2017* is absolutely necessary for the restoration of his/her health.

### MEDICAL HISTORY

(The Nature and probable duration of illness should be specified)

Station and Address

Date :



*Abitha*  
Signature of the Medical Officer  
Dr. M. ABITHA GRACE MBBS, DGO  
CONSULTANT OBSTETRICIAN  
Registration No. - Reg. No. 42242

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff

: Dr. L. Thomas Robinson.

Designation

: Assistant Professor.

Department

Computer Science.

Address

: Nanjil Catholic College of  
Arts & Science.

Nature of Leave, CL/EL/ML

: ML

Leave Already Availed

:

Period of Leave

:-

From ..... 7/10/21 ..... to ..... 31/10/21 ..... (25 days)

Reason of Leave

: Right Hand Surgery.  
(Accident)

Place

: Kaliyakkavilai

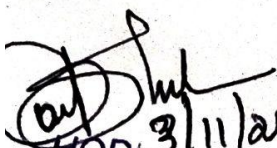
Date

: 3/11/21

  
Staff Signature

Work Adjusted

:

  
HOD 3/11/2021

  
Principal

  
Secretary

**n-Gazetted Officer's  
Medical Certificate for leave**

**Signature of applicant**

I Dr. (Mr.) J. Berin Jaba Ms. Ortho after careful  
personal examination of the Case, hereby certify that Mr. Thomas  
Robinson L. Asst. Professor. Kalyankumar  
whose signature is given above, is suffering from  
(Rt) Proximal Humerus and I consider that a period of absence from duty  
of 25 days with effect from 07/10/2021 to 31/10/21 is absolutely  
necessary for the restoration of his/her health.

J  
Dr. J. Berin Jaba  
MBBS, D.Ortho, M. S(Ortho), (CMC Vellore) M. Ch(Ortho)  
Orthopaedic Surgeon  
Reg No. 60818  
Dr. (Mr.) .....  
Medical Officer in Charge,  
Reg.No .....

**Medical History:**

(Rt) Proximal  
Humerus

J  
Dr. J. Berin Jaba  
MBBS, D.Ortho, M. S(Ortho), (CMC Vellore) M. Ch(Ortho)  
Orthopaedic Surgeon  
Reg No. 60818  
Dr. (Mr.) .....  
Medical Officer in Charge,  
Reg.No .....



**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff : A. Agnes Carolin  
Designation : Assistant  
Department : Office  
Address : Kulasekharam

Nature of Leave, CL/EL/ML : ML

ve Already Availed :

Period of Leave : 2 weeks

From ..18..02..2020... to ..03..03..2020..... days)

Reason of Leave : Surgery

Place : Kaliyakkavilai

Date : 17.02.2020.

Work Adjusted

: Mrs. L. Mary Jaya

*[Handwritten signature]*

*[Handwritten signature]*  
Principal

*[Handwritten signature]*  
Secretary

As per doctor su

ie two weeks medi

Yours faithfully,

*[Handwritten signature]*

Agnes Carolin)

18 -

*[Handwritten signature]*  
26/2/2020

11 17/2/20

From

A. Agnes Carolin  
Assistant  
Nanjil Catholic College of Arts and Science  
Kaliyakkavilai.

To

The Secretary  
Nanjil Catholic College of Arts and Science  
Kaliyakkavilai

Through

The Principal

Respected Father,

Sub: Requesting Medical Leave for 2 weeks – reg.  
-----

I am suffering from Thyroid disease for the last one month. As per doctor suggestion I have to undergo surgery on 20.02.2020 (Thursday), kindly grant me two weeks medical leave (from 18.02.2020 to 03.03.2020).

Thanking you,

Yours faithfully,

  
(A. Agnes Carolin)

*18-2-2020 - 3.3.2020*  
*granted*  
*h. MB*  
*20/2/2020*  
*Forwarded*  
*A. Agnes Carolin*  
*18/2/2020*

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff : Suja Merlin V  
Designation : Assistant Professor  
Department : Computer Science .  
Address : Paloor, Kaverpal

Nature of Leave, CL/EL/ML : Medical Leave .

Leave Already Availed : -

Period of Leave :

From ...03/02/2021 to 09/02/2021(.....7..... days)

Reason of Leave : Sick

Place : Kaliakkavilai .

Date : 10/02/2021

Work Adjusted :

*Sujal Merlin V*  
Staff Signature

*[Signature]*  
HOD 10/2/2021

*[Signature]*  
Principal 10/2

*[Signature]*  
Secretary

~

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI**

**Leave Application Form**


Name of the Staff : Sajitha Sajan  
Designation : Assistant Professor  
Department : English  
Address : 12/39 - S.H. Garden,  
Melae Chumparuthi,  
Varavai.  
Nature of Leave, CL/EL/ML : ~~Leave~~ ML  
Leave Already Availed : -  
Period of Leave : 3/2/2021.  
From ..... to ..... (..... days)  
Reason of Leave : Fever

Place : Kaliyakkavilai

Date : 4/2/2021

  
Staff Signature

Work Adjusted : Yes

  
H/2/2020  
HOD

  
Principal

  
Secretary

**NANJIL CATHOLIC COLLEGE OF ARTS & SCIENCE  
KALIYAKKAVILAI**

**Leave Application Form**

Name of the Staff : Dr. G. Ayisha Bibin Rani .  
Designation : Assist. Professor  
Department : Chemistry  
Address : Kalluvilai Junction,  
Mulagumooche (P.O)  
Nature of Leave, CL/EL/ML : M.L  
Leave Already Availed : -  
Period of Leave :  
From 3/08/2020 to ..... (..... days)  
Reason of Leave : Maternity leave  
Place : Mulagumooche  
Date : 03/08/20  
Work Adjusted :

Staff Signature

  
HOD 03/08/20

  
Principal

  
Secretary