

LEAVE APPLICATION FORM

(For NBEMS Trainees)

To be filled in by the NBEMS Trainee:																																
1.	Name of the trainee																															
2.	Admission session																															
3.	Course/Program pursuing <ul style="list-style-type: none"> <input type="checkbox"/> DNB (Post MBBS) Broad Specialty Programme <input type="checkbox"/> DNB (Post Diploma) Broad Specialty Programme <input type="checkbox"/> DrNB (Super Speciality) Programme <input type="checkbox"/> DrNB (Superspecialty) Direct 6 year Programme <input type="checkbox"/> Fellowship (FNB) Programme <input type="checkbox"/> Post MBBS Diploma Courses 																															
4.	Date of Joining NBEMS Programme																															
5.	Registration with NBEMS <ul style="list-style-type: none"> <input type="checkbox"/> No: Roll No of Entrance Examination Qualified: _____ <input type="checkbox"/> Yes: Registration Number: _____ 																															
6.	Speciality																															
7.	Name of the NBEMS accredited Training Institute																															
8.	Nature of Leave applied <ul style="list-style-type: none"> <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Medical <input type="checkbox"/> Any Other, please specify: _____ 																															
9.	Previous leave record of the Trainee <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Year of training</th> <th style="width: 25%;">Permissible Leave</th> <th style="width: 25%;">No. of leave availed till date</th> <th style="width: 25%;">Balance leave</th> </tr> </thead> <tbody> <tr> <td>1st year</td> <td>30 days</td> <td></td> <td></td> </tr> <tr> <td>2nd year</td> <td>30 days</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Year of training	Permissible Leave	No. of leave availed till date	Balance leave	1 st year	30 days			2 nd year	30 days																		
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10.	Leave applied by the Trainee (to be approved by NBEMS) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Year of Training</th> <th colspan="2" style="width: 25%;">Period of Leave</th> <th rowspan="2" style="width: 15%;">No. of Days</th> <th rowspan="2" style="width: 20%;">Schedule date of re-joining</th> <th rowspan="2" style="width: 25%;">Nature of leave</th> </tr> <tr> <th style="width: 10%;">From</th> <th style="width: 15%;">To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Year of Training	Period of Leave		No. of Days	Schedule date of re-joining	Nature of leave	From	To																				
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11.	Supportive documents In case of Maternity/Paternity Leave <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the USG report confirming the EDD, Or <input type="checkbox"/> Discharge Summary confirming the Date of Delivery 						
	In case of Medical Leave <ul style="list-style-type: none"> <input type="checkbox"/> Sickness Certificate of self-illness issued by a registered medical practitioner as per the applicable medical council guidelines <input type="checkbox"/> Copy of the supportive medical documents 						
	In case of any other ground : <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the supportive documents (Indicate the details of documents furnished): _____ 						
12.	Declaration of NBEMS Trainee It is hereby declared/understood: <ul style="list-style-type: none"> • That the undersigned has gone through the NBEMS leave rules and any clarifications in this regard as published by NBEMS time to time. I agree to abide by the same. • That the details provided here in above are correct and factual. • That mere submission of leave by the undersigned shall not translate to the approval of NBEMS. I will not proceed on leave without prior approval of NBEMS. • That I shall rejoin my training on the proposed schedule date of rejoining. • That in any event I fail to rejoin my training on the proposed scheduled date of rejoining, my candidature for pursuing the training may be cancelled by NBEMS. • That in an event I happen to avail more than permissible leave in the year of my training, I shall be required to undertake the corresponding extension beyond my scheduled date of training completion. • That I shall be given stipend for the leave period as per provisions of the NBEMS leave rules. • That extension of leave by more than a year shall lead to cancellation of my candidature. 						
Signatures of the NBEMS Trainee (With Date)							
Declaration of the NBEMS accredited training institute:							
13.	The leave request of the trainee is recommended and forwarded to NBEMS for approval. It is hereby declared/understood: <ul style="list-style-type: none"> • That the information furnished by the trainee is factual and verified from the available records of the institute. • That the grounds for the leave applied for are duly supported by the documents and originals of supportive documents have been verified. • That in an event the trainee happens to avail more than permissible leave in the year of training, he/she shall be required to undertake the corresponding extension of training beyond his/her scheduled date of training completion. • That extension of leave of the trainee by more than a year shall lead to cancellation of his/her candidature. 						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Head of the Department</td> <td style="width: 50%;">DNB/DrNB/FNB/ Coordinator or Head of the Institute</td> </tr> <tr> <td>Name: _____</td> <td>Name: _____</td> </tr> <tr> <td>Signature: _____</td> <td>Signature: _____</td> </tr> </table>		Head of the Department	DNB/DrNB/FNB/ Coordinator or Head of the Institute	Name: _____	Name: _____	Signature: _____	Signature: _____
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Name: _____	Name: _____						
Signature: _____	Signature: _____						
Official Seal of the Training Institute:							

Note: Incomplete Leave Application Forms/ Forms submitted without required supportive documents shall not be considered.