

**Form - I**

**REQUEST FOR LEAVE OF ABSENCE**

(By Nominated Representative)

[See rule 9]

To

The Medical Officer in-charge

\_\_\_\_\_

Subject: Request for leave of absence

Mr. / MS \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_ years was admitted on \_\_\_\_\_ to your mental health establishment.

I, as nominated representative of Mr. / MS \_\_\_\_\_ request that he/she be granted leave of absence from \_\_\_\_\_ to \_\_\_\_\_, for the reason stated below:

The proof of my appointment as nominated representative is enclosed.

I will be responsible for care and treatment of \_\_\_\_\_ while he/she is on leave of absence from the mental health establishment.

Address

Signature

Date Name

Mobile and E-mail

N.B.:- Please strike off those which are not required.

