

Form – I
REQUEST FOR LEAVE OF ABSENCE
(By Nominated Representative)

[See rule 9]

To

The Medical Officer in-charge
.....
.....

Sir/Madam,

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.