

Subject : **REGULARISATION OF SICK / MEDICAL HOME REST PERIOD : REG**

1. No. _____ Rank _____ Name _____ of _____
Coy of this BN, underwent Medical Treatment at Hospital 4BN NDRF / RTC (A) and Medical Officer advised me to take rest / Home Rest w.e.f. _____ to _____. After becoming physically fit, I resumed my duty on _____ (FN/AN) with Medical Unfit / Fitness Certificate (Enclosed)
2. Therefore, I request, that the Hospitalization / Sickness / Home Rest period of _____ days w.e.f. _____ to _____ may kindly be regularized as leave duty in my leave account.

Signature of the Individual

Name : _____

No. : _____

Rank : _____

Remarks of Coy. Commander / Inspector

Coy. Commander / Inspector

Office Remarks

- i) Leave credit of the above named individual _____ is as under :-
EL _____ days and HPL _____ days up to _____
- ii) If approved, the sickness period from _____ to _____ may please be regularized as _____

Dealing Assistant
Document Section

Head Clerk

Asstt. Comdt. / Dy. Comdt.

Order of Commandant :