

NIRMALA COLLEGE OF PHARMACY

Nirmala Hills, Muvattupuzha P.O, Ernakulam district, Kerala, India – 686 661

NCP-A 2407

Declaration

This is to certify that the following staff avail medical or maternity leave from Nirmala college of Pharmacy, Muvattupuzha during the last five years.

CI N-	17		Medical/Maternity	With effect	D
SI No.	Year	Staff	Leave	From	Rejoining
1.	2023	Mrs. Nancy Jose	Medical Leave	20-03-2023	Date 25.02.2022
2.	2023	Ms. Anu Sebastian	Medical Leave	15-03-2023	25-03-2023
3.	2023	Mrs. Anu Jayamol Mathew	Maternity Leave	08-05-2023	20-04-2023 07-08-2023
4.	2023	Mrs.Melody Grace Baby	Maternity Leave	26-01-2023	30-04-2023
5.	2022	Dr. Badmanaban R	Medical Leave	23-01-2022	01-02-2022
6.	2022	Dr. Deepa Jose	Medical Leave	01-02-2022	07-02-2022
7.	2022	Mr. Elseena Jose	Medical Leave	02-02-2022	07-02-2022
8.	2022	Mrs. Greeshma G Nair	Medical Leave	07-05-2022	01-08-2022
9.	2022	Ms. Sunitha Sukumaran	Medical Leave	02-02-2022	04-07-2022
10.	2022	Mrs.Melody Grace Baby	Maternity Leave	25-10-2022	
11.	2022	Dr. Merin Joseph	Medical Leave	05-12-2022	26-04-2023
12.	2022	Mrs. Nancy jose	Medical Leave	03-12-2022	12-12-2022
13.	2022	Mrs. Nancy jose	Medical Leave		08-12-2022
14.	2021	Mrs. Dona Maria Jetto	Maternity Leave	17-12-2022	23-12-2022
15.	2021	Mrs.Anu Jayamol Mathew	Medical Leave	04-01-2021 12-04-2021	12-04-2021 22-04-2021
16.	2021	Mrs. Neha Maria Augustin	Medical Leave	12-04-2021	05-07-2021
17.	2021	Mrs. Dona Maria Jetto	Medical Leave	06-09-2021	28-09-2021
18.	2021	Dr. Merin Joseph	Maternity Leave	01-09-2021	02-03-2021
19.	2021	Ms. Vidya Peter	Medical Leave	01-09-2021	20-09-2021
20.	2021	Mr. Jobin Kunjumon	Medical Leave	07-09-2021	10-09-2021
21.	2021	Mr. Jobin Kunjumon	Medical Leave	18-09-2021	
22.	2021	Mr. Elseena Jose	Medical Leave	04-10-2021	22-09-2021
23.	2020	Mrs. Jisha Thomas	Maternity Leave	01-02-2019	11-10-2021
24.	2020	Mrs. Sini Baby	Medical Leave		07-12-2020
25.	2019	Dr. Shaji George	Medical Leave	07-12-2020	21-12-2020
26.	2019	Dr. Shaji George	Medical Leave	18-05-2019	13-06-2019
27.	2019	Dr. Merin Joseph		26-08-2019	17-09-2019
28.	2019	Dr. Shaji George	Maternity Leave	01-08-2019	01-01-2020
29.	2019	Ms. Vidya Peter	Medical Leave	09-10-2019	23-10-2019
30.	2018	Ms. Flowerlet Mathew	Maternity Leave	09-10-2019	07-12-2020
31.	2018	Ms. Antria Anee Tom	Maternity Leave	03-01-2018	21-04-2018
	_010	1VIS. Allula Allee Tom, EGF	Maternity Leave	03-01-2018	12-03-2018

Muvattupuzha Ernakulam Dist. Kerala PRINCIPAL

Managed by Nirmala College of Pharmacy
(Reg.- No. ER 928/2001), Dioregant Kuthanan angaram

Affiliated to Kerala University of Health Sci**Keral** Affiliated Approved by Government of Kerala & Pharmacy Council of India, New Delhi. Certified by ISO 9001: 2015, Accredited by IAO & NBA (UG Pharmacy)





APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

1)	Name and home address	: Melody Grace	E	Baby	
	Tele Phone	: Land Line :			Mob: 949607497)
				,	
2)	Post and department	: Asst Profess	07,	Pha	0 30 04 2023 include
3)	a) Nature of Leave	: Waternit			
	b) Period of Leave (days)c) Date which required	From 2.6.1.01	12	923 to	0 30 04 2023 include
4)	Sundays and holidays if any, prop	osed			
	To be prefixed /suffixed to lea	ve :			
5)	Ground on which leave is applied for	: Madeonity			
6)	I undertake to refund the leave salary				
	If found excess as per the leave rul	les or serives conditi	ons.		^
					Mary
	Date 26 01 2023				Signature of applicant
	Remarks and / or recommendation of	the			Recommended 26. 01. 232
	Controlling officer. (Principal)				Recommended 2010
8)	Orders of the sanctioning authority :				
		Memo			
*	Sir/smt				
ls gr	anted	leave for			days
with	effect from	to			
with	permission to prefix	days and suffix			days
					Administrator Mappell
Date	2				Administrator

APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

1)	Name and home address Tele Phone	: Anu Jayamol P : Land Line:	Walker (H), Pooshike Kadulheruthy, Kolkay Cell: 9496825892.
2)	Post and department	: Associate professo	r, Pharmaceutical Chemistry
3)	a) Nature of leaveb) Period of leave (days)c) Date which required	: Maternity leav : 3 months From 8-5-2023	to $8 - 8 - 20.23$ included
4)	Sundays and holidays if any, propos to be prefixed/suffixed to leave	eed :	
5)	Ground on which leave is applied for	: Maternity lea	ve
	I undertake to refund the leave salar If found excess as per the leave rule		
D	ate. 6-5-2023		Signature of applicant
7)	Remarks and/or recommendation of Controlling Officer. (Principal)	the other of Re	delety menter from chemis depart
8)	Orders of the sanctioning authority:	Memo	Dr. BADMANABAN. R PRINCIPAL Nirmala College of Pharmacy Muvattupuzha, Ernakulam (Dist.) Kerala - 686 661
wi	Sri/Smtgranted	leave for	90 Days days
	ata 5/5/2023		July

APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

1)	Name and home address Tele Phone	: Any Set : Land Line:	bashian)		Mob:	28	152341
2)	Post and department	: A ssistand	Padesson,	Deed	Phonom	nly	Prache
3)	a) Nature of Leaveb) Period of Leave (days)c) Date which required	: Medical : 37 days, From 1519	12023t	0 20	4/2023	incl	lude
4)	Sundays and holidays if any, pr To be prefixed /suffixed to						
5)	Ground on which leave is applied for	r :					
6)	I undertake to refund the leave sala If found excess as per the leave	ry which will be particles or serives co	aid to me, anditions.				_
	Date 14 03 2023			9	Signature o	f appli	cant
7)	Remarks and / or recommendation Controlling officer. (Principal)	of the		Recom	mended of	120	<i>12</i>
8)	Orders of the sanctioning authority	· :					
		Memo					
ls :	[*] Sir/smtgranted						days
wi	th effect from	to					
wi	th permission to prefix	days and	suffix				days
Da	ate			(Administra	mort l	Barlie

Name of Staff Member

Rep P.S

Designation & Department

CAB Tech Stove

Number of days and dates required

5.1.23 to 13.1.23 (working days 8) SICK. (Medical Certificate a Hached) Fever with low pladeles count.

Nature of Leave (CL/OD/other) \$1+ cl:)

Reason for Leave

No. of days taken sofar during the year:

Birdu - Sishe

Alternate arrangements made with the acceptance of the staff

Acceptance and Signature of the HOD/Staff in charge

Date: 16.1.2013

Signature of the Applicant

Principal's/Administrator's Sanction





MEDICAL CERTIFICATE

Signature of the Applicant ...after carefully personal examination of the case hereby certify that Ry P.S., Phannay whose signature is given above is suffering from Start Table II may part to the property of the suffering from Start Table II may part to the suffering from Start Table II may part to the suffering from Start Table II may properly the suffering from Start Table II may properly the suffering from Start Table II may be suffered to the suffering from Start Table II may be suffered to the suffering from Start Table II may be suffered to the and that I consider that a period of absence from duty of 10 cleufs with effect from 5 1 7023 Signature of Medical Officer necessary for the restoration of health. TON AV. W SUBINOSIA Registration Number 714 214. Perushawa. Part of Registration stem of Medicine

Name of Staff Member : NANCY JOSE

: Asso. Professor, Phasmacology. : 03/12/22, one day. **Designation & Department**

Number of days and dates required 3.

Nature of Leave (CL/OD/other)

Hospitalised due to Health 18848. Reason for Leave

No. of days taken so far during the year:

Alternate arrangements made with the Anusha. TSt Phasmo HAP. acceptance of the staff

Acceptance and Signature of the HOD/Staff in charge

Date: 8/12/22

Principal's/Administrator's Sanction

Signature of the Applicant

7

Name of Staff Member

Designation & Department

Number of days and dates required 3.

Nature of Leave (CL/OD/other)

Reason for Leave 5

No. of days taken so far during the year:

Alternate arrangements made with the acceptance of the staff

Acceptance and Signature of the HOD/Staff in charge

Date: 8 (12) 22

Principal's/Administrator's Sanction

: NANCY JOSE

: Asso. Professor, Phasmaeology. : 5/12/22 to 7/12/22, 3 days

Hospitalisation

: Ist Phasm D - Parvatby. Ist Mphasm - Kowthite with 8en B. Phasm 11

Signature of the Applican

NIRMALA MEDICAL CENTRE

MUVATTUPUZHA, KERALA

Phone: 2835151

MEDICAL CERTIFICATE

Name	NONCY	JOSE		Age	<u>,</u>
	25 20 263		9	I. P. No. ぬり	10922
This is	to certify that	Noncy	Jbs C	7	
son L doug	hter/wife of!	UR, SIBY	JOS6- H	as been an	out/in
patient in t	his hospital from . dvised rest for	3/12/a022	to	5/12/dea.)	re/she
has been a	dvised rest for	્રે	.days from	6/12/2	002
Diagnosis	C13P121D	at 12 (nle of	GD E	acute ,
Department.	· 0B4,			A	.0
	(5) P	Dr. S With		II Signature of Registration I	
	Service Control of the Control of th	*) *) *)		*	



Name of Staff Member

Designation & Department

Number of days and dates required

Nature of Leave (CL/OD/other)

Reason for Leave

No. of days taken so far during the year:

Alternate arrangements made with the acceptance of the staff

Acceptance and Signature of the HOD/Staff in charge

Date: 23/12/22

Principal's/Administrator's Sanction

: NANCY JOSE

: Asso. Professor and Phasmacology. : 17/12/22, 19/12/22 to 22/12/22, 5 days : Special leave (Medical leave)

Pregnany related Complication

: Manusba. Do Kastrikeyen.

Muvattupuzha Ernakulam Dist

Signature of the Applicant

Diagnosis Up Pin al 14 NS US

Department 0811

NIRMALA MEDICAL CENTRE

MUVATTUPUZHA, KERALA

Phone: 2835151

MEDICAL CERTIFICATE

NameNow	cy Jose		Age. 394
O D No	0263	I.P	.No.
This is to certify t	hat Nancy	Tose	······································
son / doughter / wife patient in this hospite	11	3	
patient in this hospite has been advised rest	forF	days from	17/2/2023,
Diagnosis. Up Pik	y and 14 w	of up.	c? Arreatnel miseumige
Department OSU	^		ignature of Doctor
	,	Vith Degrees & Reg	9





APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

1)	Name and home address Tele Phone	: Land Line:	Mob: 949607 4977 .
2)	Post and department a) Nature of Leave b) Period of Leave (days) c) Date which required	: Asst Professor Cfl : Makerniky leave = : 3 months (90 de From 25-01-2023 to	Legension Extension Days) 124-04-2023 include
4)	Sundays and holidays if any, pr To be prefixed /suffixed to	LOCAL .	t de care el
5)	Ground on which leave is applied for	or : Maternity leave	as he needs frequent
6)	I undertake to refund the leave sala If found excess as per the leave	e rules or serives conditions.	- To take care of as he needs frequent allentson from me.
	Date 23-01-2023		Signature of applicant
7)	Remarks and / or recommendation Controlling officer. (Principal)	n of the facture 23 01/2023	Recommended
8)	Orders of the sanctioning authorit		
ls w	"Sir/smt	leave for Nime	days days days
	93/21/2022		Administrator

Date 23 /8/ 2023....

: NANCY JOSE nber

nd dates required: 05 days. 20103123 to 24103123

CLIOD/other) : Sick leave

: Health Problem

sofar during the year : CL-4

nents made with the

: DR. Karthikayan M, staff

ignature of the

Signature of the Applicant

strator's Sanction :



NIRMALA MEDICAL CENTRE MUVATTUPUZHA, KERALA

Phone: 2835151

MEDICAL CERTIFICATE

Name NANCY	Jose Age 39 m
O. P. No. 2820263	I. P. No.
This is to certify that	NANCY JOSÉ
son / daughter / wife of	SIBY JOSE has been an out /in
patient in this hospitual from .	20/3/2023 toke/she
has been advised rest for	303/2023 days from 20/3/2023
	(7 deys)
Diagnosis.	at 28 ale of up & preteem contrabion
Department 1984	contribur
	Full Signature of Doctor
	With Degrees & Registration Number.
	Dr. SHANAMATHEW DGO, D. T.S. SHANAMATHEW DGO, D. T.S. DGO
	GYNAECOLOGIST
	Muvatupuzha Emakulam Dist. Kerala
	* * *