



གཤམ་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ཆེ།  
**Khesar Gyalpo University of Medical Sciences of Bhutan**  
**Royal Government of Bhutan**  
**Thimphu: Bhutan**



**KHESAR GYALPO UNDERTAKING FOR EXTRAORDINARY LEAVE**

I, ....., a regular staff bearing EID No....., serving as ..... in ....., hereby accept to avail EOL for a period of ..... months with effect from .....

I hereby do confirm that I have been briefed on all rules governing my EOL and I have understood the following:

1. I will not be paid for the EoL period
2. My position will not be protected while availing EoL beyond six months
3. I shall be eligible for long-term training after serving a minimum period equal to the actual duration of EOL, and short-term training after serving minimum period of six months, both counted from the date of joining duty.

In particular, I understand that if I fail to abide by any one of the above stated conditions, I shall be liable for legal action by the Government.

**Place: (Affix Legal Stamp)**  
**Name& Office address:**

**Date:**  
**Witness**  
**Name:**

**Present Address:**

**CID No.:**

**Permanent Address:**

**Caution:** This is an important legal document and therefore, should be executed after clearly understanding all the responsibilities, liabilities and implications.