



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR
LEAVE APPLICATION / STATION LEAVE / OFFICIAL DUTY FORM
(Non-Faculty Group A/Group B/Group C)

Ref. No : /

Employee Code No						
Name of Applicant						
Post held						
Pay Level						
Date of Appointment						
Department						
Period of leave		From		To		
Purpose / Reason of Leave						
Type of Leave (Tick the appropriate one)	Total No. of leaves available	No. of Leave/s Demanded	No. of Leave/s Sanctioned	No of leave/s Balance	Remarks , if any	Sign of Dealing Hand
Casual Leave <input type="checkbox"/>					CORRECT	
RH <input type="checkbox"/>						
Earned Leave <input type="checkbox"/>					INCORRECT	
HPL <input type="checkbox"/>						
Commuted Leave <input type="checkbox"/>						
Child Care Leave <input type="checkbox"/>						
Paternity <input type="checkbox"/>						
Maternity Leave <input type="checkbox"/>						
Any Other -specify <input type="checkbox"/>						
Official Duty		From		To		
		[] [] []		[] [] []		
TICKET BOKING REQUISITION (IF FINANCIAL ASSISTANCE)						
Travel Date	Originating Place	Destination Place	Flight No. /Train/Car*	Departure Date & Time	Arrival Date & Time	
<small>*(Places connected by train sanctioned under SR-31)</small>						
Sunday and Holidays, if any, proposed to be Prefixed / Midfixed / Suffixed to leave		Prefix _____ MidFix _____ Suffix _____				
LTC, if Any, Block Year		Yes <input type="checkbox"/> No <input type="checkbox"/>			Block year _____	
Address during leave / duty period & Mobile No.						
E mail						
Reliever Name:		Area			Signature	
		Clinical				
Department:		Administrative				
Date:		[] [] []				
		Signature of Applicant				
Recommended / Not Recommended			Sanctioned / Not sanctioned			
(Recommending Authority)			(Sanctioning Authority)			
Concerned HOD						