



All India Institute of Medical Sciences, Deoghar

APPLICATION FOR LEAVE (Faculty)

Employee Code No :						
Name of applicant :						
Post held & Date of Appointment						
Department, Office and Section						
Basic Pay/Pay Level						
Nature and period of leave applied for and date from which required		Total Leave	Total Availed	Required No of days	Bal Leave	Sig of Dealing Hand
Academic Leave with financial/ Without Financial (CME/WORKSHOP/ CONFERENCE/COURSE/TRG/CONGRESS)						
Casual Leave						
Duty Leave						
Earned Leave						
Half Pay Leave on Medical ground						
Paternity / Maternity Leave						
Sunday and Holidays, if any, proposed to be Prefixed/Midfixed/Suffixed to leave						
Purpose of Leave						
Date of return from last leave & nature and period of that leave						
I propose/do not propose to avail myself of leave travel concession for block years during ensuing leave.						
Address during leave period & Mobile No.						
Signature of Reliever	Academic					
	Clinic					
	Administrative					
TICKET BOOKING REQUISITION						
Travel Date	Originating Place	Destination Place	Flight No. /Train/Car*	Departure Date & Time	Arrival Date & Time	

*(Places connected by train sanctioned under SR-31)

Signature of Applicant (with date)	Remarks /Recommendation of HOD
Recommended/Approved / Not Approved	Approved / Not Approved
Dean (Academics)	Director

Copy to: Dean (A)/DDA/HOD/F&CAO/AO/Concerned Faculty/ Guard File