



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

For the Department of _____

Application format for Leave for Faculty

(Casual Leave/ Academic Leave/ Special Casual Leave)

1. Name of the Applicant:
2. Designation:
3. Department:
4. Name of the Leave (attach documentary proof, If required).....
5. Dates and total duration of leave applied: From..... To(Days)
6. Date of return from last leave.....
7. Name of alternative Faculty/Resident/Tutor with signature.....
.....
.....
8. Address of the applicant during leave:
9. Mobile No: E-Mail.....
Signature of the Applicant.....
10. Forwarding remark of Head of Department/Section in-charge with signature and seal
.....
.....
.....
11. Detail of requested leave account [to be filled in by the concerned department]
 - a. Leave due.....
 - b. Leave required.....
 - c. Remaining balance of the leave.....Signature of Dealing Asstt.....
12. Approval with permission to leave Head Quarter (If applicable) from Competent Authority:
.....
13. Signature and Seal of the Dean.....