



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

APPLICATION FORM FOR EARNED LEAVE/Medical Leave OR EXTENSION OF LEAVE

1. Name of applicant : _____
2. Post held : _____
3. Department, Office and Section : _____
4. Pay : _____
5. House Rent and other Compensatory allowances drawn in the present post : NA
6. Nature and period of leave : **Earned Leave/ Medical Leave**
7. Number of Days & date from which the leave required :
Number of Days: _____
FROM _____ TO _____
8. Sunday, and holidays, if any proposed to be prefixed/suffixed to leave : _____
9. Grounds on which leave is applied for : _____
10. Date of return from last leave and the nature and period of that leave : _____
11. I propose/do not propose to avail myself of leave travel concession for the block years _____ : _____
12. Address during the leave period : _____

Signature of applicant
(With date)

13. Name of alterative Faculty /Resident /Tutor with signature. : _____

14. Remarks and or recommendation of the controlling officer.

Signature/Designation
(With date)

15. Remarks and or recommendation of the Head of the Department.

Signature/Designation
(With date)

For Administrative Use Only:

EL/ HPL in Account:

EL/ HPL Applied for:

EL/ HPL Balance:

Sub- Dean:

Dean (Academics)

Director: