All India Institute of Medical Sciences, Guwahati

Changsari, Assam - 781101

1. Name of the applicant : _____

2. Post Held : _____

3. Department/Office and Section : _____

4. Nature of Leave EL/HPL/EOL/CCL/
   ML/PL date from which required :From _____ To _____

5. Period of Leave applied for Sundays/
Holidays if any Prefix/Suffixed to leave : Prefix_____ Suffix _____

6. Ground on which leave is applied : _____

7. Address during Leave Period with : _____
   Mobile number _____

8. Date of return from last leave and
   the nature and period of that leave: _____

9. I propose/do not propose to avail myself of leave travel concession (LTC) in this block year during the ensuing leave and the forward journey shall commence on _____ date and the return journey shall commence on _____.

Date :

Signature _____

Designation _____

RECOMMENDATION BY THE CONTROLLING AUTHORITY

Recommended/Not Recommended

Seal &Signature of Controlling Authority

- If the applicant drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.