

**All India Institute of Medical Sciences, Guwahati Changsari, Assam – 781101**

 **LEAVE APPLICATION OF SR/JR**

1. Name of the applicant :
2. Post Held :
3. Department/Office and Section :
4. Nature of Leave EL/HPL/EOL

Date from which required :From To

1. Period of Leave applied for Sundays/Holidays if any Prefix/

Suffixed to leave : Prefix Suffix

1. Ground on which leave is applied :
2. Address during Leave Period with : Mobile Number
3. Date of return from last leave and

The nature and period of that leave:

1. I propose/do not propose to avail myself of leave /travel concession in this block year during the ensuing leave.
2. I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and admissible during leave on half average pay/ half pay leave, which would not have been applied in the event of my retirement from service at the end or during the currency of the leave.
3. I undertake to refund the leave salary drawn during leave not due which would not have been admissible had F.R 81(c) /Rule 11 (d) of the Revised Leave Rules 1933 not been applied, in the event of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me.

Date : Signature of the applicant:\_\_\_\_\_\_\_\_\_\_\_

 Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION BY THE HOD OF THE DEPARTMENT**

1. Reliever’s name (who will look after the assigned duties during leave) is: Dr.\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The earned leave account of Dr.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(SR/JR), is given as under –

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of joining** | **Leave Credited for the period****\_\_\_ /\_\_ /\_\_\_\_\_\_****to \_\_\_/\_\_ /\_\_\_\_\_\_\_** | **Leave availed as on date** | **Balance as on date** |
|  |  |  |  |

 **Recommended/Not Recommended**

 **Seal &Signature of HoD/HoD(I/c) CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE**

1. Certified that (Nature of Leave) for

\_\_\_\_(days) from to (period) is admissible under rules.

 **Dean Academic**

 **AIIMS Guwahati**

1. Orders of the sanctioning authority :

**Executive Director**

 **AIIMS Guwahati**

* + 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.