



अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

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APPLICATION FOR CASUAL LEAVE / RESTRICTED HOLIDAY FOR TEACHING STAFF PERMISSION TO LEAVE HQ REQUIRED (Y/N)

1. Name of Applicant:
2. Designation and Department:

Nature /Type of Leave	Date of Leave		No. of days	Purpose of leave
	From	To		
Casual Leave				
Restricted Holiday				

3. Sunday and Holidays, if any proposed to be: Prefixed or Suffixed.....
4. Address and contact number during leave period:

Name and Contact number of Reliever

Signature of Reliever

5. Date of Application.....

Signature of Applicant :.....

6. Remarks of Professor & HOD: Recommended /Not recommended:

No.of Days Leave at Credit :-		Signature of HOD/Incharge with Date
CL	RH	

7. Remarks of the Director: Sanctioned /Not sanctioned (for HOD Leaves)

*Leaves of HOD will be sanctioned by the Director after verification by the Dean *

Verified by Dean for HOD Leaves	
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Copy to :

- Establishment Section