



# अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

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APPLICATION FOR EARNED LEAVE/COMMUTED LEAVE (MEDICAL) / MATERNITY /  
PATERNITY LEAVE AND EOL FOR TEACHING STAFF  
PERMISSION TO LEAVE HQ REQUIRED -YES/NO

1. Name of Applicant: .....
2. Designation and Department: .....
3. Nature of Leave: .....
4. Number of days of leave: .....Date from which leave required: .....To.....
5. Sunday and Holidays, if any proposed to be: Prefixed .....or suffixed.....
6. Purpose for which leave is applied for: .....
7. Address and contact number during leave period: .....
8. Date of return from last leave: ..... Nature: ..... Duration of last leave: .....

Name and Contact number of Reliever

Signature of Reliever

9. Date of Application.....

Signature of Applicant:.....

10. Remarks of Professor & HOD: Recommended /Not Recommended:

Signature of HOD with Date

11. Remarks of Dean: Sanctioned/ Not sanctioned

No.of Days Leave at Credit :-			Signature of Dean with Date
CL	RH	EL	

12. 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

- Establishment Section