

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

## FORM OF APPLICATION FOR LEAVE

(See supplementary Rule 216)

**Note: - Items 1 to 11 must be filled in by all applicants whether Gazetted or Non-Gazetted.**

1.	Name of applicant:	
2.	Leave Rules applicable:	
3.	Post held:	
4.	Department, Office and Section:	
5.	Pay:	
6.	House rent allowance, Conveyance allowance or other compensatory allowances drawn in the present post:	
7.	Nature and period of leave applied for and date from which required:	
8.	Sundays and holidays, if any proposed to be prefixed/suffixed to leave:	
9.	Ground on which leave is applied for:	
10.	Date of return from last leave, and nature and period of that leave:	
10(i).	Address & Contact number during leave period:	
10(ii).	Name & Contact number of Reliever with signature.	

11. I propose/do not propose to avail myself along with my family of leave travel concession in the block years \_\_\_\_\_ during the ensuing leave.

12. (a) I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and that admissible during leave on half average pay/half pay leave, which would not have been admissible had the provision to F.R. 81 (b) (ii)/rule 11 (c) (iii) of the Revised Leave Rules, 1933, not been applied in the event of my retirement from service at the end or during the currency of the leave.

(b) 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 due availed of by me.

Date:

Signature of the applicant

13. Remarks and/or recommendation of the Controlling Officer.

Signature.....  
Designation.....

13(i). Sanctioning Authority:

(Director / DD(Admn.) / Dean (Acad.)

Signature .....  
Designation .....