



All India Institute of Medical Sciences, Rishikesh

APPLICATION FOR LEAVE / STATION LEAVE / TOUR PROGRAM

(to be filled in by employee / Please strike out which is not applicable)

Name: Designation:
 Department: Employee's ID:
 Leave Details: Type: Days.: Duration: From..... to
 Purpose of Leave:
 Signature of Employee:

Reliever's Details:

| Field | Name | Signature |
|----------------|------|-----------|
| Academic | | |
| Clinical | | |
| Administrative | | |

Signature of HoD/Administrative Head Comments (if any)

For Office Use:

No. of Leaves Due: No. of Leaves Demanded: No. of Leaves to be sanctioned:
 Prefix date: Suffix date:..... Financial Sanction: YES /NO
 Signature (Dealing Hand): Signature (DDA or AO):

STATION LEAVE / TOUR PROGRAMME

Date of Transit from Rishikesh..... Date of arrival at Rishikesh
 Mode of Travel:.....

AIR TICKET BOOKING REQUISITION

Date of Birth: Gender:
 Mobile No.: E-mail ID:
 Particulars of Journey: Aadhar No:

| Travel Date | Originating Place | Destination Place | Flight No. | Departure Time | Arrival Time |
|-------------|-------------------|-------------------|------------|----------------|--------------|
| | | | | | |
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| | | | | | |
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Credit Code: AC023 (#M/s Balmer Lawrei & Co. Ltd.)

Dean (Academic) (For Faculty/Residents/Students)

Director

Approved / Rejected

Date

Copy to:

1. P.S. to Director

2. Concerned Department