**All India Institute of Medical Sciences, Rishikesh**

**OFFICE ORDER ON APPLICATION FOR LEAVE**

 # Dean/205/RISHI/\_\_\_\_/\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Employee Code No **:** |  |
| Name of applicant **:** |  |
| Post held & Date of Appointment |  |  |
| Department, Office and Section |  |
| Basic Pay/Pay Level |  |
| Nature and period of leave applied for and date from which required | Total Leave | Total Availed | Reqd No of days | Bal Leave | Sig of Dealing Hand | Financial details in Academic Leave |
| **\_\_-\_\_-2020 To \_\_\_-\_\_\_-2020** |
| Academic Leave with financial/Without Financial (CME/Workshop/ Conference/ Course/Training/ Congress/ Exam Duty) |  |  |  |  |  |  With Financial Without Financial**Financial details:**Reg. Fee…………….Travel Cost………….**Total: …………….....**  |
| Casual Leave / RH |  |  |  |  |
| Duty Leave |  |  |  |  |
| Earned Leave  |  |  |  |  |
| Half Pay Leave on Medical ground  |  |  |  |  |
| Paternity / Maternity Leave |  |  |  |  |
| Compensatory Leave |  |  |  |  | **Sign of Med. Superintendent** |
| Dates for which Comp off is Claimed:**\_\_\_\_-\_\_\_-2020 , \_\_\_-\_\_\_-2020** |  |
| Sunday and Holidays, if any, proposed to be Prefixed/Midfixed/Suffixed to leave |  |
| Purpose of Leave / In case of AL, Please Mention your Role  |  |
| Date of return from last leave & nature and period of that leave |  |
| I propose/do not propose to avail myself of LTC for block years …………… during ensuing leave. |  |
| Address during leave period & Mobile No. |  |
| **Name and Signature of Reliever** |
| Academic |  |
| Clinic |  |
| Administrative |  |
| **TICKET BOKING REQUISITION (IF FINANCIAL ASSISTANCE)** |
| Travel Date | Originating Place | Destination Place | Flight No. /Train/Car\*. | Departure Date & Time | Arrival Date & Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*(Places connected by train sanctioned under SR-31)

|  |  |
| --- | --- |
| Signature of Applicant (with date) | Remarks /Recommendation of HOD |
| **Recommended / Approved / Not Approved****Dean (Academics)** | **Approved / Not Approved****Director** |

Copy to: Dean (A)/DDA/HOD/F&CAO/AO/Concerned Faculty/ Guard File