**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