



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात  
અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થા, રાજકોટ  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

**Application for Earned Leave/Extra Ordinary Leave**

**/Maternity Leave/ Paternity Leave**

**Permission to leave HQ required (Yes/No)**

1. Name of the Applicant : .....
2. Designation and Department: .....
3. Nature/Type of leave : .....
4. Period of leave : From.....To.....Number of days.....
5. Sunday/Holiday, if any proposed to be: Prefixed:..... 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.....days

Name and Signature of Reliever:

Date:.....

.....  
Signature of Applicant

9. Remarks of Recommending Authority: **Recommended / Not Recommended**

Date:.....

.....  
Signature of Recommending Authority

10. Remarks of Sanctioning Authority: **Sanctioned / Not Sanctioned**

Date:.....

.....  
Signature of Sanctioning Authority

For Administrative Use Only:

EL in Account:

EL Applied for:

EL Balance: