



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

Appendix B

**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:
EI Applied for:
EL Balance: