



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India

Leave Application for Junior Resident (JR)

Permission to leave HQ required (Yes/No)

01	Name of Applicant		
02	Designation (Tick appropriately)	JR (Acad/Non-Acad)	
03	Date of Joining		
04	Department		
05	Place of Posting		
06	Period of leave	From:	To:
07	No. of days for leave		
08	Sunday and holidays, if any proposed to be prefixed/suffixed to leave		
09	Previous Leave availed		
10	Total leaves remaining		
11	Contact number, Address during leave period		
12	Duty arrangement: (Name, Designation and signature)		

Declaration: Information furnished above by me are correct and verified.

Signature of the Applicant
(With date)

(Verified & recommended)
Signature & Stamp of HoD/In-charge (with Date)

For Academic Section Use Only

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

Signature & Stamp of Sanctioning Authority: