



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 MBBS Intern**

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

|    |   |        |     |
|----|---|--------|-----|
| 01 | Name of Applicant:  |        |     |
| 02 | Designation:  | Intern |     |
| 03 | Date of Joining:  |        |     |
| 04 | Current Place of Posting:   |        |     |
| 05 | Period of Posting:  |        |     |
| 06 | Period of Leave:  | From:  | To: |
| 07 | No. of Days for Leave:  |        |     |
| 08 | Previous Leave Availed:   |        |     |
| 09 | Total Leaves Remaining:   |        |     |
| 10 | Contact Number and Address During Leave Period:                   |        |     |
| 11 | Email Address:  |        |     |
| 12 | Duty Arrangement / Reliever:<br>(Name, Designation and Signature) |        |     |

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

|      |      |      |      |      |
|------|------|------|------|------|
| L-1  | L-2  | L-3  | L-4  | L-5  |
|      |      |      |      |      |
| L-6  | L-7  | L-8  | L-9  | L-10 |
|      |      |      |      |      |
| L-11 | L-12 | L-13 | L-14 | L-15 |
|      |      |      |      |      |

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:

Leave Record: