अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)
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शैक्षणिक अनुभाग/ ACADEMIC SECTION

अवकाश प्रपत्र/ LEAVE APPLICATION FORM

(Tick ✓ the relevant box wherever provided)

☐ **JUNIOR RESIDENTS** ☐ **NON -ACADEMIC JR** ☐ **M.SC CANDIDATES** ☐ **INTERNS**

PERMISSION TO LEAVE HQ REQUIRED - YES / NO

1. **Name of Applicant:** _____ **Roll No.** _____
2. **Department:** _____
3. **Number of days of leave:** _____**Date from which leave required: From**_____**to** _____
4. **Sunday and Holidays, if any proposed to be: Prefixed** _____ **or suffixed** _____
5. **Purpose for which leave is applied for:** _____
6. **Address and contact number during leave period:** _____

   _____
7. **Date for return from last leave:** _____**Duration of last leave:** _____

Name and Contact Number of Reliever **Name** _____ **Contact Number** _____	**Signature of Reliever**

8. **Date of Application:** _____ **Signature of Applicant:** _____
9. **Remarks of HOD/ In charge : Recommended :**
   Not Recommended:

Signature of HOD/ Incharge with Date

10. **Remarks of DEAN (Academics): Sanctioned/ Not Sanctioned:** _____

No. of Days Leave at Credit : -	**Signature of Dean (Academics) with Date**