



अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA)
(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)
(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

Application for Leave, Station Leave & Tour Programme

(to be filled in by employee / Please strike out which is not applicable)

Name: Designation:

Department: Employee's ID:

Leave Details: Type: Days: Duration: From: To:

Purpose of Leave:

Signature of Employee:

Reliever's Details:

Field	Name	Signature
Academic		
Clinical		
Administrative		

Signature of HoD / Administrative Head Comments (if any)

For Office Use:

No. of Leaves Due: No. of Leaves Demanded: No. of Leaves to be sanctioned:

Prefix date: Suffix Date: Financial Sanction: Y e s / N o

Signature (Dealing Hand): Signature (AO)

STATION LEAVE / TOUR PROGRAMME

Date of Transit from Delhi: Date of Arrival at Delhi:

Mode of Travel:

AIR TICKET BOOKING REQUISITION

Date of Birth: Gender:

Mobile No: E-mail ID:

Particulars of Journey: Aadhaar No.:

Travel Date	Originating Place	Destination Place	Flight No.	Departure Time	Arrival Time

Dean (PG) (For Faculty/Students)

Director Approved/Rejected Date:

Copy to: (1) PPS to Director (2) Concerned Department

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