



# 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 CASUAL LEAVE / RESTRICTED HOLIDAY FOR TEACHING STAFF PERMISSION TO LEAVE HQ REQUIRED (Y/N)

1. Name of Applicant: .....
2. Designation and Department: .....

Nature/Type of Leave	Date of Leave		No. of days	Purpose of Leave
	From	To		
Casual Leave				
Restricted Holiday				

3. Sunday and Holidays, if any proposed to be: Prefixed ..... or Suffixed .....
4. Address and contact number during leave period: .....

<b>Name and Contact number of Reliever:</b>
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<b>Signature of Reliever</b>
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5. Date of Application: ..... Signature of Applicant: .....
6. Remarks of Professor / HOD / Controlling Officer: Recommended / Not Recommended

No. of Days Leave at Credit:		Signature of Sr. Administrative Officer
CL	RH	

7. Remarks of the Director: Sanctioned / Not sanctioned (for HOD leaves) .....

\* Leaves of Faculty will be sanctioned by the Director after verification by the Dean

<b>Verified by Dean for HOD Leaves</b>
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Copy to:

- Establishment Section

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