



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 EARNED LEAVE / COMMUTED LEAVE (MEDICAL) /MATERNITY / PATERNITY LEAVE AND EOL FOR TEACHING STAFF PERMISSION TO LEAVE HQ REQUIRED (Y/N)

1. Name of Applicant:
2. Designation and Department:
3. Nature of Leave: _____
4. Number of days of Leave: _____ Date from which leave required: _____ to _____
5. Sunday and Holidays, if any proposed to be: Prefixed or Suffixed
6. Purpose for which leave is applied for: _____
7. Address and contact number during leave period:
8. Date of return from last leave: _____ Nature: _____ Duration of last leave: _____

Name and Contact number of Reliever:

Signature of Reliever

9. Date of Application: Signature of Applicant:

10. Remarks of Professor / HOD / Controlling Officer: Recommended / Not Recommended

Signature of HOD with Date

11. Remarks of Dean: Sanctioned / Not Sanctioned

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

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

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

Verified by Dean for HOD Leaves

Copy to:

- Establishment Section

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