



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
मंगलगिरि, आन्ध्र प्रदेश
MANGALAGIRI, ANDHRAPRADESH

www.aiimsmangalagiri.edu.in

LEAVE APPLICATION FORM FOR JUNIOR/SENIOR RESIDENT (ACADEMIC)

PERMISSION TO LEAVE HQ REQUIRED **YES / NO**

(To be filled in block letters)

Date:

1. Name of the applicant: _____
2. Department/Subject: _____ Admission Batch: _____
3. Number of Days of Leave _____ Date from _____ to _____
4. Sundays and Holidays, if any proposed to be: Prefixed _____ Suffixed _____
5. Purpose for which leave is applied for: _____
6. Address and contact Number during leave period:

7. Date of return from last leave _____ Duration of last leave: From _____ To _____
Reliever Name: _____
Signature: _____
Contact Number: _____

Signature of the Applicant/Resident

8. Remarks of HoD/ In-charge: Recommended/Not Recommended

Signature of HoD/ In-charge with Date

9. No. of Leaves at Credit/Remarks(Clerk):

10. Remarks of Dean (Academic): Sanctioned/Not Sanctioned

Signature of Dean (Academic)with Date