



अखिल भारतीय आयुर्विज्ञान संस्थान  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
मंगलगिरि, आंध्रप्रदेश  
MANGALAGIRI, ANDHRA PRADESH  
[www.aiimsmangalagiri.edu.in](http://www.aiimsmangalagiri.edu.in)

**LEAVE APPLICATION FORM FOR JUNIOR RESIDENT (ACADEMIC)**

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

(To be filled in block letters)

Date:

1. Name of the applicant: \_\_\_\_\_

2. Department/Subject: \_\_\_\_\_ Year of Residency 1 / 2 / 3 \_\_\_\_\_

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**

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

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

**Signature of Dean (Academic) with Date**