

All India Institute of Medical Sciences, Guwahati

Changsari, Assam - 781101

1. Name of the applicant	:
2. Post Held	:
3. Department/Office and Section	:
4. Nature of Leave EL/HPL/EOL/CCl Date from which required	
5. Period of Leave applied for Sundays/Holidays if any Prefix/ Suffixed to leave :Prefix	Suffix
6. Ground on which leave is applied	:
7. Address during Leave Period with Mobile Number	:
8. Date of return from last leave and The nature and period of that leave	

- 9. I propose/do not propose to avail myself of leave /travel concession in this block year_____during the ensuing leave.
- 10. I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and admissible during leave on half average pay/ half pay leave, which would not have been applied in the event of my retirement from service at the end or during the currency of the leave.

11. I undertake to refund the leave salary drawn during leave not due which would not have been admissible had F.R 81(c) /Rule 11 (d) of the Revised Leave Rules 1933 not been applied, in the event of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me.

Date :

Signature_____ Designation _____

RECOMMENDATION BY THE CONTROLLING AUTHORITY

Recommended/Not Recommended

Seal & Signature of Controlling Authority

<u>CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE</u> (By Pr. Accountant General in the case of gazetted officers)

12. Certified	that		(Nature	of	Leave)	for
	from		to		(period)	
is admissible under rule		of the	(Rules)			

Signature Designation _____

13. Orders of the sanctioning authority :

Signature Designation _____

• If the applicant drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.