

**All India Institute of Medical Sciences, Nagpur**

**Application for Academic leaves (AL)**

1.	Name		
2.	Designation		
3.	Department		
4.	Purpose of Academic leave (Paper accepted/Invitation to deliver lecture/acceptance to attend workshop, CME, symposium/Invitation to chair or co-chair session/acceptance to participate as delegate)  (Attach evidence)		
5.	Number of days of leave applied		
6.	Dates of leaves applied		
7.	Financial support applied for	Full/Reg/TA-DA/Not required:	
8.	No of events previous AL availed/ applied in the current financial year		To be cross-checked and signed with remarks by admin section
	With full financial support		
	With split financial support	Reg:      TA/DA:	
	Without financial support		
	Total		
9.	No of days previous AL availed/applied in the current financial year		To be cross-checked and signed with remarks by admin section
	With full financial support		
	With split financial support		
	Without financial support		
	Total		
10.	Completed six months of service? (For AL in India/SAARC)		
11.	Completed probation & One year of service remaining? (For AL in Abroad) <b>Write the Date of Joining</b>		To be cross-checked and signed with remarks by admin section
12.	Any suffix/prefix holidays		
13.	<b>Signature &amp; stamp of the applicant:</b>		
14.	In the absence of above faculty the departmental work will not suffer and I will be responsible for all the work assigned to the faculty.  <b>Signature and stamp of Reliever with date:</b>		
15.	Forwarded with recommendation.  <b>Signature and stamp of HoD with date:</b>		