



All India Institute of Medical Sciences, Raebareli-UP

APPLICATION FOR LEAVE / STATION LEAVE / TOUR PROGRAM

(to be filled in by employee / Please strike out which is not applicable)

Name: Designation:
Department: Employee's ID:
Leave Details: Type: Days.: Duration: From..... to
Purpose of Leave:
Signature of Employee:

Reliever's Details:

Field	Name	Signature
Academic		
Clinical		
Administrative		

Signature of HoD/Administrative Head Comments(if any).....

For Office Use:

No. of Leaves Due: No. of Leaves Demanded: No. of Leaves to be sanctioned:

Prefix date: Suffix date:..... Financial Sanction: YES / ☐ NO ☐

Signature (Dealing Hand): Signature (DDA or Sr. AO):

STATION LEAVE / TOUR PROGRAMME

Date of Transit from Raebareli..... Date of arrival at Raebareli

Mode of Travel:.....

AIR TICKET BOOKING REQUISITION

Date of Birth: Gender:

Mobile No.: E-mail ID:

Particulars of Journey: Employee's ID

Travel Date	Originating Place	Destination Place	Flight No.	Departure Time	Arrival Time

Dean(Academic)(For Faculty/Residents/Students)

Director Approved / Rejected Date

Copy to: 1. P.S. to Director 2. Concerned Department
3. Dealing Desk 4. Biometric Attendance Desk