



अण्डमानतथानिकोबारस्वास्थ्य शिक्षा एवंअनुसंधानसोसाइटी  
ANDAMAN & NICOBAR ISLANDS  
MEDICAL EDUCATION AND RESEARCH SOCIETY (ANIMERS)  
अण्डमानतथानिकोबारप्रशासन  
ANDAMAN & NICOBAR ADMINISTRATION  
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL  
SCIENCES, SRI VIJAYA PURAM

LEAVE APPLICATION (ADMIN Staff)

Date: \_\_\_/\_\_\_/20\_\_\_

1. Name : .....
2. Designation : .....
3. Department : .....
4. Date of Duty Report(Date/ Month/ Year) : .....
5. Nature of Leave : .....
6. From.....to.....
7. Leave availed in the current year:.....
8. Reason for Leave : .....
9. Address on Leave : .....
10. Contact Number : .....
11. Relieving Staff : .....

Signature: - .....

**Signature of the Applicant**

Recommended / Not Recommended

Head of the Department:  
(Sign with Date & Seal)

**Sanctioned / Not Sanctioned**

**Director (ANIIMS)**

Estt:  
Leave In Credit:  
Date:

Note: 1. All columns should be filled  
2. HOD will ensure correctness and authenticate the data ensured.