



निर्देशक (एनिम्स) कार्यालय  
**OFFICE OF THE DIRECTOR (ANIIMS)**  
अण्डमाननिकोबार द्वीप समूहचिकित्सासंस्थान  
**ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL  
SCIENCES**  
अण्डमान तथा निकोबार प्रशासन  
**Andaman & Nicobar Administration**

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**LEAVE APPLICATION  
(Faculties)**

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

1. Name : .....
2. Designation : .....
3. Department : .....
4. Joining Date at time of first appointment (Date/ Month/Year).....
5. Nature of Leave : (CL/ HPL/COMMUTED HPL/ EL/ SUMMER/WINTER VACATION)
6. From.....to.....
- Reliving Doctor Name .....
- Signature .....
7. Leave availed in the current year : .....
8. Reason for Leave : .....
9. Address on Leave : .....
10. Contact Number : .....

**Signature of the Applicant**

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

Recommended / Not Recommended

Estt:  
Leave In Credit

Date:

**Sanctioned / Not Sanctioned**

**Director (ANIIMS)**

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**Note: 1. All column should be filled.**

**2. HOD will ensure correctness and authenticate the data ensured.**