

निर्देशक (एनिम्स) का कार्यालय
OFFICE OF THE DIRECTOR (ANIIMS)
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES
अण्डमान तथा निकोबार प्रशासन
Andaman & Nicobar Administration



LEAVE APPLICATION
(Admin Staff/Para Medical Staff)

(Through proper channel)

Date: ___/___/20___

1. Name :
2. Designation :
3. Department :
4. Nature of Leave : Earned Leave
5. From.....to.....
- Reliving Staff Name
- Signature
6. Leave availed in the current year :
7. Purpose/Reason for Leave :
8. Address on Leave :
9. Contact Number :

Signature of the Applicant

Head of the department/
Section In Charge

Recommended / Not Recommended

Estt:
Leave In Credit

Date

Sanctioned / Not Sanctioned

Director, (ANIIMS)