

**Form for applying leave other than Casual Leave, Compensatory leave, Duty Leave etc.**

**Atal Medical & Research University (AMRU)**

SLBS Medical College & Hospital Campus, Ner Chowk, Mandi, H.P.

**“ESTABLISHMENT BRANCH”**

**Note:- Application should be submitted at least 15 days before the proposed date of availing.**

**I. To be filled by the Applicant.**

1. Name of the Applicant \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Department/Office \_\_\_\_\_
4. Leave applied for  
with period & date of commencement \_\_\_\_\_
5. Dates/period to be Prefixed/Suffixed  
Prefixed \_\_\_\_\_  
\_\_\_\_\_
- Suffixed \_\_\_\_\_  
\_\_\_\_\_
6. Reasons for applying leave \_\_\_\_\_
7. Leave last availed of with period & date \_\_\_\_\_
8. Address for correspondence during leave \_\_\_\_\_
9. Contact telephone number during the period  
of leave \_\_\_\_\_

Dated :-.....

.....  
(Signature of Applicant)

**II To be filled in by Supervising/Controlling Officer: -**

1. Leave applied for is \_\_\_\_\_  
(Please indicate in own hand “*Recommended*” or “*Not Recommended*”)
2. Reasons, if leave not recommended \_\_\_\_\_  
\_\_\_\_\_
3. Work of the Applicant will be looked after by the existing staff or Deptt./Office by internal adjustment.
4. In case of leave of Teacher, please indicate the name/designation of the Teacher who will look after the routine work of the Deptt. or attend classes of the Applicant during the leave period.  
\_\_\_\_\_

Despatch No. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Supervising Officer/  
Controlling Officer with Official Stamp)

**(FOR USE IN THE OFFICE)**

Leave case of \_\_\_\_\_

File No. \_\_\_\_\_

1. Total Leave due (as on \_\_\_\_\_)

2. Whether the leave applied is admissible or not YES/NO

3. Duration of leave proposed to be sanctioned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Sanctioning Authority: Deputy Registrar (Estt.)/Registrar/Vice-Chancellor

5. Submitted for the kind approval/ex-post-facto approval of the \_\_\_\_\_  
Please.

D.A. \_\_\_\_\_

Supdt. Gr. II \_\_\_\_\_

S.O. (Estt.) \_\_\_\_\_

D.R. (Estt.) \_\_\_\_\_

Registrar \_\_\_\_\_

Vice-Chancellor \_\_\_\_\_