



AII INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
CASUAL LEAVE (CL) /RESTRICTED HOLIDAY (RH) APPLICATION FORM

1. Name of Applicant	:	_____
2. Employee Code of applicant	:	_____
3. Designation	:	_____
4. Department	:	_____
5. Date of Joining	:	_____
6. Types of Leave (CL/RH)	:	_____
7. Period of Leave	:	_____
8. No of Days	:	_____
9. Prefix/Suffix	:	_____
10. Whether permission to leave Station is required	:	Yes/No
11. Address during leave period	:	_____
12. Already availed number of leaves	:	_____
13. Balance of leaves after deducting above Leave period	:	_____
14. Contact Number	:	_____
15. Duties handed over to	:	_____
16. Signature of Applicant	:	_____

Signature of HODSanctioned / Not Sanctioned

DirectorSanctioned / Not Sanctioned

Applications should be maintained at HOD level copy of same should be forwarded to Establishment office, within 2 days of leave sanctioning date.

RULES. *Casual leave is not a recognized form of leave and subject to rules made by the Government of India. An official on casual leave is not treated as absent from duty and pay is not intermitted.*

- 1. Casual leave can be taken for half day also.*
- 2. Casual leave cannot be combined with earned leave. However, if due to sickness or other compelling grounds, he/she is not able to attend the next day, combining with earned leave can be permitted.*
- 3. Casual leave should not be normally granted for more than 5 days at any one time except under special circumstance.*