**ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE**

**Establishment Section**

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**Monthly Report for the Month of …….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name, Designation & Dept.**  | **Type of Leave Applied for** | **Period** | **Sanction order & Date** |
|  |  |  |  |  |

1. **Leave Sanction**
2. **Permission to attend Workshop/Conferences/other training programme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name, Designation & Dept.** | **Title of the programme, Organizing institute &Venue**  | **Date of Receiving Application**  | **Date of Sanction & Order no.** |
|  |  |  |  |  |

1. **Application for Employment elsewhere**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name, Designation & Dept.** | **Post applied for & organization**  | **Date of receipt of application**  | **Date of forwarding of application to the concerned organization & Letter No.** |
|  |  |  |  |  |

1. **Permission for Higher Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name, Designation& Dept.**  | **Details of Higher Education**  | **Date of receipt of application** | **Date of permission & order no** |
|  |  |  |  |  |

1. **Any other**

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Report prepared by: Checked and verified (Sd/-)

AAO