

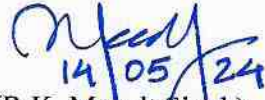


MEMORANDUM

Imphal, the 14th May, 2024

NO. 1/A/73-MC: 1 त 42) It has been observed that a number of leave applications are being received on a daily basis, which do not comply with the CSS (Leave) Rules. Therefore, in order to streamline the process, the following guidelines are issued for strict compliance:-

- (i) While applying for leave with station leaving permission, the place of station must be mentioned.
 - (ii) Medical Fitness Certificate (**ANNEXURE -I**) to join duties after availing Commuted Leave, should be enclosed with the joining report while joining for duty.
 - (iii) Earned Leave Application is to be submitted in the prescribed proforma (**ANNEXURE -II**) and forwarded with recommendation by Head of Departments/Units, duly stamped, and the name of Officer/Staff, who would be looking after the work of the officer/Staff going on leave, should also be clearly mentioned. Earned leave application must be sent to Administrative Block, 15 days in advance (Except on Medical Ground).
 - (iv) All type of leaves of Senior Residents (Non-Academic) (3 years tenure) including station leaving permission, should be dealt by the concerned HOD with a copy endorsed to Dean (Academic) and not referred to the Administrative Block, unless it is a case of Extra Ordinary Leave.
 - (v) Except for emergency duties and academic classes, guidelines regarding Biometric attendance of faculties/Senior Residents, will remain the same as per Office Order No. B/2907/2014-RIMS dated 6th Jan, 2024. In case, the faculty or Senior Resident had emergency duties or Academic classes, then the concerned Head of Departments/Units may mention the same in the weekly Biometric attendance report submitted by them.
 - (vi) While applying prior permission for private foreign travel, the leave application must be accompanied by duly filled in proforma for taking permission (**ANNEXURE -III**) alongwith Vigilance Clearance Certificate (**ANNEXURE -IV**).
 - (vii) For attending Conferences/Seminars/Workshop etc., the application for prior permission must include Details/Brochure regarding the event, alongwith invitation/registration details, wherever applicable, in addition to documents mentioned in serial Sl. No. (vi) (ibid).
2. It is again reiterated that the concerned HoD/ Officer-in-charge are required to strictly follow the Order No. 26/6/24-GEN/RIMS dated 29th Jan, 2024 and deduct the requisite number of leaves of the defaulting employee (s) and also indicate the details in their weekly Biometric Attendance Report.
3. This issues with the approval of the Director, RIMS, Imphal.


14/05/24
(R.K. Mecolt Singh)
Deputy Director (Admn.)
RIMS, Imphal

Copy to:-

1. P.S. to Director, RIMS, Imphal
2. The Medical Superintendent, RIMS Hospital, Imphal.
3. The Dean (Academic), RIMS, Imphal.
4. The Principal, Dental College/College of Nursing, RIMS, Imphal.
5. All HoDs, RIMS, Imphal.
6. The CAO/FA, Imphal.
7. The Chief Nursing Officer, RIMS Hospital.
8. AO/ACO/SOs, RIMS, Imphal.
9. Consultants, Engineering Cell, RIMS, Imphal.
10. All Staff of RIMS, Imphal.
11. System Administrators, RIMS, Imphal – for uploading in website.

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant

I, We, Dr. do hereby certify that I/We have carefully examined Dr/Shri/Shrimati/Kumari whose signature is given above, and find that he/she has recovered from his/her illness and is now fit to resume duties w.e.f. in Government service. I/We also certify that before arriving at this decision, I /We have examined the original medical certificate (s) and statement (s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving my decision.

Signature of
Civil Surgeon/Staff Surgeon/ Authorised
Medical Attendant/ Registered Medical
Practitioner/ Members of Medical Board

Dated:

Place:

Note: - The original certificate (s) and statement (s) of the case on which the leave was originally granted or extended shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate (s) and statement (s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.

REGIONAL INSTITUTION OF MEDICAL SCIENCES, IMPHAL

LEAVE APPLICATION FORM

(To be submitted 15 days in advance)

(To be submitted in quadruplicate)

(To be filled in by the Applicant)

1. Name of the Application :-
2. Post held :-
3. Department, office and section :-
4. Pay (including N.P.A if entitled) :-
5. House rent and other compensatory drawn in the present post :-
6. Nature and period of leave applied :-
- For the date from which required :-
7. Sundays and holiday, if any, proposed To be prefixed / suffixed to leave :-
8. Ground on which leave is applied for :-
9. Date of return from last leave, and the nature and period of that leave :-
-
10. I propose / do not propose to avail myself of leave travel concession for the block year during the ensuring leave :-
11. Address & Contact details :- during leave period

Signature of application.

TO BE FILLED BY THE HEAD OF DEPARTMENT / SECTION/UNIT

12. (a) The leave applied is recommended for the reason for the reason :-
-
13. (b) During his / her absence or leave will look after / officiating / his / her work in addition to his / her normal duties.

Signature :

Designation:

Seal:

(ANNEXURE – III)

PROFORMA FOR TAKING PRIOR PERMISSION
BY GOVERNMENT SERVANTS FOR PRIVATE VISITS ABROAD

Part A- To be filled by the Government servant applying for visit abroad

1. Name and designation
2. Pay
3. Ministry/Department
4. Passport No.
5. Details of private foreign travels to be undertaken:

Period of travel	Name of the foreign countries to be visited	Purpose	Estimated expenditure (travel, boarding, lodging, visa, misc. etc)	Source of funds

6. Details of private foreign travel undertaken during the last **four** years

Period of travel	Name of the foreign countries visited	Purpose

Signature

Date

Name and Designation

Part C

To be filled by Vigilance Department

11. Remarks of Vigilance Department :

(Indicate Complete Status and
Recommendations, if any, Attach
separate Sheet, if required)

12. Vigilance Clearance : ACCORDED /NOT ACCORDED

V.C. Report NO. :

Date :

(Signature of CVO)
