

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES:SHEIKHPURA: PATNA-14

(AN AUTONOMOUS INSTITUTE OF GOVT. OF BIHAR: (India) Statutory University by an Act of State Legislature)

OFFICE OF THE DEAN

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Memo No.

/Acad

Dated.....

From,

Registrar IGIMS, Patna-14

To.

All HOD / In-Charge, IGIMS, Patna-14

Regarding Summer Vacation- Year 2020

Sir / Madam,

With reference to the above, this is too inform you that the "Summer Vacation-2020" will be allowed, in the four phases, as per schedule given below:-

	est ma	15.05.2020 to 29.05.2020
A	1 st Phase	31.05.2020 to 14.06.2020
В	2 nd Phase	
C	3 rd Phase	16.06.2020 to 30.06.2020
D	4 th Phase	02.07.2020 to 16.07.2020

Common Working Days: 30.05.2020, 15.06.2020 & 01.07.2020. i.

Note: Earned Leave will be credited as per provisions of Rule(3) of the CCS (Leave ii. Rule)

All Head of Departments are requested to collect the option from faculty members of their respective departments and make all necessary arrangements of work of department, as outlined above and then submit the composite arrangement schedule, so as to reach the office of undersigned latest by the 30-04-2020, Ensure that only 50% of the faculty shall proceed on vacation. One faculty will not take the adjustment of more than one faculty.

Vacation leave to the single faculty department shall not be permitted as per the approval of the competent authority. In lieu of that such faculty will be credited admissible Earned Leave against the permissible vacation and letter of appreciation shall also be issued to them.

Vacation leave is not admissible to the faculty in the 1st year of his/her service / Adhoc appointment.

Yours faithfully

394 /Acad

IGIMS, Patna, 14 Dated. 1.7.14.12020

Copy to:- Director / Dean(Acad) / Dean (Exam)/ Medical Superintendent / Associate Dean-I / 'Associate Dean- II/ Administration Section / Principal Nursing College/ Principal Medical College / Account Section / Superintending Engineer (Bio-Med.) for information & needful for uploading the Institute website/Notice Board.

IGIMS, Patna-14

Application Format

Name of Department:-

Sl. No	Phase	Date	Vacation Period	Work Arrangement Name of Faculty & Designation with Signature.

