

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

BIBINAGAR, TELANGANA - 508126

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर, तेलंगाना - 508126

APPLICATION FOR CL/RH/EL/HPL

Dated:

Employee Code no : _____
Name of the Applicant : _____
Designation : _____
Division/Section/Unit : _____
Nature of Leave : _____
No. of Days : _____
Period : From _____ To _____
Purpose : _____
Whether station leave
permission required : _____
Address during the
leave period : _____

(Signature of the Applicant)

Responsibilities will be taken care by: Name :
Designation :
Signature :

Signature of the HOD

Remarks if any :

Dean
AIIMS, Bibinagar

Submitted for Approval:

DIRECTOR