



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
Hyderabad Metropolitan Region, TELANGANA - 508126

अखिलभारतीयआयुर्विज्ञानसंस्थान,बीबीनगर,
हैदराबादमेट्रोपोलिटनक्षेत्र,तेलंगाना - 508126

DEPARTURE REPORT BEFORE AVAILING VACATION

I, Dr. _____ Designation _____ Department
of _____ to avail Summer/ Winter Vacation
w.e.f _____ to _____ hereby depart on _____ F.N/ A.N.
with permission to leave Headquarter.

Date : _____

Signature : _____



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JOINING REPORT AFTER AVAILING VACATION

I, Dr. _____ Designation _____ Department
of _____ after availing Summer/ Winter Vacation w.e.f
_____ to _____ hereby join the duty on _____ F.N/ A.N.

Date : _____

Signature : _____

Certificate by Head of Department

Certified that Dr. _____ joined in the F.N/ A.N of
_____.

Signature & Official stamp of Head of the Department