



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Saket Nagar, Bhopal (M.P.) – 462020

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

EMPLOYEE CODE NO :
NAME OF THE APPLICANT :
POST HELD :
DIVISION/SECTION/UNIT :
NATURE OF LEAVE :
NO. OF DAYS C.L/R.H :
PERIOD :
PURPOSE :
WHETHER STATION LEAVE PERMISSION IS REQUIRED :
ADDRESS DURING THE LEAVE PERIOD :

DATED :

(SIGNATURE)

Signature of the Controlling Officer

Name
Designation
Section/Division/Unit
Intercom/Telephone No
E-mail

Remarks if any :

Forwarded to Administration -I /II