



All India Institute of Medical Sciences

Virbhadr Marg, Rishikesh, Uttarakhand-249 203

APPLICATION FOR CASUAL LEAVE/RESTRICTED HOLIDAY

NAME OF THE APPLICANT	:	<input type="text"/>
POST HELD	:	<input type="text"/>
DEPARTMENT/OFFICE/SECTION	:	<input type="text"/>
NATURE OF LEAVE	:	<input type="text"/>
NO. OF DAYS C.L./R.H.	:	<input type="text"/>
PERIOD	:	<input type="text"/>
PURPOSE	:	<input type="text"/>
WHETHER STATION LEAVE PERMISSION IS REQUIRED (IF YES, PERIOD)	:	<input type="text"/>
ADDRESS DURING THE LEAVE PERIOD	:	<input type="text"/>

DATED :

(SIGNATURE)

Name :

Designation :

Intercom/Telephone No:

Signature of the Controlling Officer

Remarks if any :