

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH

PROFORMA FOR SUBMISSION OF DEPARTURE REPORT

1.	Name of faculty member	
2.	Designation & Department	
3.	Reference No. & date of sanction memorandum	
4.	Place & Purpose of visit	
5.	Dates of the events to be attended, as per permission granted.	
6.	Date & time of departure from headquarter	
7.	Date & time of departure from venue of the event	
8.	Date of joining back to duty	
9.	Complete contact address & active Mobile number(s) during the period he/she is away from headquarters and e-mail address also.	
10.	Name of the faculty member who will look after his/her official duties during the period he/she is away from headquarters	
11.	Consent of such faculty member with signature	

Date:

Signature of the faculty member

It is certified that at-least 50% faculty members will be on duty in the Department during the aforesaid period and the services and functions of the Department will not suffer in any manner.

Signature & Official stamp of Head of the Department