

अखिल भारतीय आयुर्विज्ञान संस्थान/ **All India Institute of Medical Sciences**

मंगलगिरि, आंध्रप्रदेश/ **Mangalagiri, Andhra Pradesh**

To
The Director,
AIIMS, Mangalagiri.

SUB: JOINING REPORT AFTER AVAILING (EARNED LEAVE/COMMUTED LEAVE
(MEDICAL)/DUTY LEAVE /ACADEMIC LEAVE/MATERNITY/PATERNITY LEAVE /VACATION)

Through Proper Channel

I, _____ Designation _____ after
availing summer/winter vacation / _____ days Earned leave / Commuted
leave (Medical) /HPL/EOL/Academic Leave/Vacation w.e.f _____ to
_____ hereby report for duty in the F.N/A.N of _____. The
following dates, which were holidays /Sundays/Saturday may kindly be
Prefixed /suffixed:

Date: _____

Signature _____

Name _____

ID No. _____

Dept _____

Designation _____

Certificate by Head of Dept.

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

Signature of HOD: