



अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, (आंध्र प्रदेश)

**All India Institute of Medical Sciences,
Mangalagiri, Andhra Pradesh – 522503**

www.aiimsmangalagiri.edu.in

Casual Leave (CL)/ Restricted Holiday (RH) Application Form

To

AIIMS, Mangalagiri (A.P.)

Sub.:- Application for Casual Leave/ Restricted Holiday.

Permission to leave HQ required: [Yes/no]: _____

Respected Sir,

With due respect, I submit that I am unable to attend the office due to _____ from _____ to _____ for _____ days with permission to prefix _____ suffix _____. Kindly grant casual leave/restricted holiday for the above mentioned period.

During the above period, I shall be available in the following address (In case of leaving HQ):

Mobile No. _____ Telephone No. _____

Reliever's Name: _____ Reliever's Signature: _____

(Signature of Applicant)

Name of Applicant : _____

Designation : _____

Department : _____

(Sanctioned/Not Sanctioned)

HoD Dept. of _____ Signature: _____

CL1	CL2	CL3	CL4	CL5	CL6
CL7	CL8	RH 1	RH 2		