APPLICATION FOR LEAVE



Raipur Institute of Medical Sciences, RIMS Knowledge Park, Bhansoj Road, Off NH-6, Raipur – 492101 , Chhattisgarh, India

Name of the Applic	ant :			
Designation:				Department:
Nature of Leave: C	L /ML/ EL/ Spec	cial leave (need	d supporting d	locument) / Week Off/Compensatory
Purpose of Leave:				
Period of Leave red	quired : <i>From: .</i>		То:	
Total day of Leave	required;			
Contact no on leave:				Date of Application:
Name and signature of reliever				Signature of the Applicant
Remarks of Unit Head / HOD/ Acting Dean				
Signature Of Unit He Signature of HOD	ad :			
				Signature Of Superintendent / Acting Dean
			OFFICE REI	POPT
Statement of Leave Ta	aken		OFFICE REI	
Kind of Leave	Leave Available	Leave Approved	Leave Remain	Remarks of HR / Accounts:
A. Medical B. Week Off/				4
Compensatory				
C. Casual				Signature of HR / Accounts
D. EL E. Special Leave				
• •]
Leave approved / not a	pproved:			
Signature of Dean / Director				
*****		****	xxxxxxxxxx	****
	A	-		of leave application dical Sciences
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Designation:				epartment:
Nature of Leave: CL	/ML/ EL/ Spec	ial leave (need	supporting de	ocument) / Week Off/Compensatory
Period of Leave app	olied :			
From:		Тс):	
Leave approved / no	ot approved:			
Signature Of HR				Signature of Dean / Director