**All India Institute of Medical Sciences, Guwahati (Assam)**



Changsari, Kamrup

Guwahati – 781101

www.aiimsguwahati.ac.in

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

To

AIIMS, Guwahati

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

Permission to leave HQ required: [Yes/No]:

R/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. | | |  |  |  |  |  |  |  |  |  |
| **Reliever’s Name:** |  | |  |  | **Designation:** |  | |  | **Sign.** | | |



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

Mobile No. Telephone No.

**(Signature of Applicant)**

Name of Applicant :

Designation :

Department :

**(Sanctioned/ Not Sanctioned)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOD Dept. of** |  |  |  | **Signature:** | | |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  | **CL and RH Record** | |  | |  |  |
|  |  |  | |  |  |  |  |  |
|  |  | **Casual Leave** | |  |  |  | **Restricted** |  |
|  |  |  |  |  |  |  | **Holiday** |  |
|  |  |  |  |  |  |  |  |  |
| CL1 | CL2 |  | CL3 |  |  | CL4 | RH1 |  |

CL5

CL6

CL7

CL8

RH2