



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

FOR FACULTY /OFFICER /STAFF

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

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/ Sunday/ 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 _____.

- Copy to Establishment Section

Remarks (If any): -

Approval from Competent Authority: -