



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
All India Institute of Medical Sciences, Raipur (Chhattisgarh)  
Tatibandh, GE Road,  
Raipur-492 099 (CG)  
[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in)

## APPLICATION FOR LEAVE

Date:-

To,

**The Medical Superintendent  
AIIMS, Raipur (CG)**

1. Name of Applicant : - .....
2. Designation : - .....
3. Department/ward : - .....
4. Period of leave applied for : - .....  
Date from which required
5. Reason/Purpose : - .....
6. Mobile Number :- .....

Reliever Name : -.....

Signature : -.....

Signature of Applicant  
(with date)

Sanctioned / Not Sanctioned  
(with pay/ without pay)

Signature of HoD/Incharge/ANS