ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE-6

Application form for Casual Leave / Restricted Holidays

1. Name : Dr. Shijith Kumar. C
2. Designation : Library & Information Officer
3. Department : Library and Information Centre
4. Date(s) on which leave required : 04.06.12 F.N
5. Purpose : Personal
6. Permission required to leave the : No

 headquarters

7. Nature of Leave: C.L / R.H /CML No. of Days FN / AN

 CL ½ FN

8. Address during the leave period

 As per records

The routine duties of the section will look after by the next senior most professional staff.

Date: 04.06.12 Signature

Director