

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Resumption of Duty – Faculty

(Applicable only for Leave of Absence more than 07 days at a stretch)

Name : _____

Designation : _____

Dept. /Section : _____

After availing _____ days of Earned / Vacation / HP / Commuted Leave / EOL, from _____ to _____ which was sanctioned earlier by the Competent Authority, I hereby report for duty today, the _____ day of _____ 20 _____ in the forenoon. I also submit Medical Fitness Certificate from my treating Doctor (in case of Leave on medical grounds).

Applicant's Signature

Director

Copy To: CAO office - For necessary action