



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)  
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## **UNDERTAKING**

I.....state that in the event I am granted .....days leave from.....to ..... to visit....., I undertake that I shall not extend my leave under any circumstances and I shall report for duty on expiry of my leave i.e. on ..... failing which I shall be liable for disciplinary action as per Government rules. I also hereby undertake that I shall not take up any employment either full time or part time including private profession, practice and consultancy etc, in the foreign country during my leave period, failing which I shall be liable for disciplinary action.

Date:.....

Signature.....

Place:.....

Name:.....

Designation.....

Department of .....

E-mail Address:.....

Countersigned.....

(Signature of Controlling Officer with date & rubber stamp)