

Tehsil Head Quarter Hospital, Liaquat Pur

Leave Application Form

To,

The Medical Superintendent,
THQ Hospital, Liaquatpur

Leave requested by:

Name _____ Designation _____

Mob. No. _____ CNIC No. _____

Shift _____ Signature _____

Leave Type: (Please mark the concerned Leave Type)

Short Leave	Casual Leave	Medical Leave	Earned Leave	Study Leave	Maternity/ Paternity leave	Ex-Pakistan Leave	Leave Preparatory to retirement
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Reason of Leave:

Short Leave	Date:	From:	To:
Duration of Casual Leave:		From:	To:
Casual Leave Balance:		Availed:	Remaining:

Leave Noted by:

Name _____ Designation _____

Mobile No. _____ CNIC No. _____

Shift _____ Signature _____

Forwarded by: (HRO/HOD/DMS)

Name _____

Designation _____

Signature _____

Approved by

Medical Superintendent
THQ Hospital Liaquatpur