NASEERULLAH KHAN BABAR MEMORIAL HOSPITAL PESHAWAR

LEAVE PROFORMA

Name: .....

Designation: .....BPS: ..... Shift Duty:.....

Type of Leave: .....

Period of Leave From: ..... To: ..... Days: .....

Reason of Leave: .....

Contact No. .....

SIGNATURE OF APPLICANT

Reliever Name: ..... I will look after his/her duties for the said period.

Reliever Designation: ..... Signature of Reliever: .....

Recommendation of In-Charge/HOD

.....

FOR OFFICE USE

Record of casual leave

1. Leave Applied _____ (Days)
2. Leave already availed _____ (Days)
3. Balance of Leave _____ (Days)

MEDICAL SUPERINTENDENT