

COMPUTER ENTRY:

YES NO

Entered by _____.



LEAVE APPLICATION 2019

PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

THQ HOSPITAL NOORPUR THAL

Phone No. 0454-850246, Fax No. 0454-850246

Date _____

Short Leave Casual Leave Medical Leave Day off Official Duty

CNIC # _____

Morning Shift Evening Shift Night Shift

Will leave Noorpur Thal working station? YES NO

Name of Applicant (In Block Letters):	Address:
Post Held:	Contact No.
Department:	Relieving Person Name:
Reason for Leave Applied:	Relieving Person Signature:
Leave required for _____ days Dated from _____ to _____	Relieving Person Post held:

SIGNATURE OF APPLICANT:

DEPARTMENTAL HEAD SIGNATURE:

REMARKS OF APPROVING AUTHORITY:

HR & LEGAL OFFICER
THQ HOSPITAL NOORPUR THAL

IT & STATISTICAL OFFICER
THQ HOSPITAL NOORPUR THAL

MEDICAL SUPERINTENDENT/AMS
THQ HOSPITAL NOORPUR THAL
DISTRICT KHUSHAB

LEAVE BALANCE TILL DATE	
LEAVE AVAILED IN CURRENT MONTH	
LEAVE BALANCE AFTER THIS LEAVE	

All information is mandatory. Fill all information clearly.