

# HAYAT ABAD MEDICAL COMPLEX, PESHAWAR



## MATERNITY LEAVE APPLICATION

TO BE SUBMITTED 20 DAYS BEFORE E.D.D

1. **Name of Applicant**

\_\_\_\_\_

2. **Father's name**

\_\_\_\_\_

3. **Designation**

\_\_\_\_\_

4. **Date of  
appointment/Transfer**

\_\_\_\_\_

5. **Date of maternity leave applied**

\_\_\_\_\_

6. **In reference (first/second/or third)maternity**

\_\_\_\_\_

7. **Duty cover by if any (his/her name &  
sign)**

\_\_\_\_\_

8. **Department**

**/Section/Unit**

\_\_\_\_\_

**Signature of applicant**

\_\_\_\_\_

**(Biometric  
ID)**

\_\_\_\_\_

**LEAVE ADVISED BY SR/AP & above**

**(CONSULTANT NAME)**

(45 pre & 45 post) will be acceptable (attached original OPD chit & ultra sound report)


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### 9. Remarks of controlling officer

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**HOD Signature**

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**Head of department Designation**

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(Director/Manager/Department Head)