

HAYAT ABAD MEDICAL COMPLEX, PESHAWAR



EARNED LEAVE APPLICATION

TO BE SUBMITTED 20 DAYS BEFORE DATE OF COMMENCEMENT

1. Name of Applicant _____
2. Fathers name _____
3. CNIC # _____
4. Designation _____
5. Substantive Basic Scale _____
6. Leave applied for (Days) _____
7. Type of leave i.e. (EOL/earned leave etc) _____
8. Will the applicant be in Pakistan or leave for abroad _____
9. Exact date of availing _____
10. Reason for the leave applied for _____
11. Date of first appointment/Transfer to HMC _____
12. Total leave availed till date _____

Signature of applicant _____
(MR/Biometric ID #) _____

13. Remarks of controlling officer _____

Signature of HOD _____
Designation _____