|  |  |
| --- | --- |
| **Please tick one:** | **(Clinical Staff / Non-clinical staff)** |
| **MR (ID) of Employee** |  |
| **Name of Employee** |  |
| **Father’s name** |  |
| **CNIC #** |  |
| **Designation** |  |
| **Employee status**  *(select one option)* | **Civil / Institutional / Contractual / Daily Wager** |
| **Substantive Basic Scale** |  |
| **Leave applied for (days)** |  |
| **Type of leave i.e. (EOL/earned leave etc)** |  |
| **Duty Cover**  *(Name & signature of employee)* |  |
| **Applicant will be in Pakistan or aboroad** |  |
| **Exact date of availing** |  |
| **Reason for the leave applied for** |  |
| **Date of first appointment/Transfer to HMC** |  |
| **Total leave availed till date** |  |
| **Signature of applicant** |  |

|  |  |
| --- | --- |
| **FOR OFFICIAL USE ONLY** | |
| **Remarks of Controlling Officer** |  |
| **HOD Name & Designation** |  |
| **Signature** |  |
| **Medical Director Remarks** |  |
| **Hospital Director Remarks** |  |