|  |  |
| --- | --- |
| **Please tick one:** | **(Clinical Staff / Non-clinical staff)** |
| **(MR No. /Biometric ID)** |  |
| **Name of Applicant** |  |
| **Father’s name** |  |
| **CNIC #** |  |
| **Designation** |  |
| **Employee status**  ***(select one option)*** | **Civil / Institutional / Contractual / Daily Wager** |
| **Substantive Basic Scale** |  |
| **Leave applied for** | **Hajj \_\_\_\_\_\_\_\_\_\_\_\_ Umrah \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Type of leave i.e. (EOL/earned leave etc.)** |  |
| **Duty Cover**  *(Name & signature of employee)* |  |
| **Dates of availing leave** |  |
| **Date of first appointment / Transfer to HMC** |  |
| **Total Hajj / Umrah leave availed before** |  |
| **Signature of applicant** |  |

|  |  |
| --- | --- |
| **FOR OFFICIAL USE ONLY** | |
| **Remarks of Controlling Officer** |  |
| **HOD Name & Designation** |  |
| **Signature** |  |
| **Nursing Director remarks** *(If applicable)* |  |
| **Medical Director remarks** |  |
| **Hospital Director remarks**  *(Sanctioning Authority)* |  |