



# HAYATABAD MEDICAL COMPLEX, PESHAWAR

## HAJJ & UMRAH LEAVE APPLICATION

1. Please tick one: \_\_\_\_\_ (Clinical staff / Non-clinical staff)
2. Name of Applicant \_\_\_\_\_
3. Father Name \_\_\_\_\_
4. CNIC # \_\_\_\_\_
5. Designation \_\_\_\_\_
6. Employee status Civil / Institutional / Contractual / Daily Wager (Select one option)
7. Substantive Basic Scale \_\_\_\_\_
8. Leave applied for (days) \_\_\_\_\_
9. Type of leave i.e. (Hajj / Umrah) \_\_\_\_\_
10. Exact date of availing From: \_\_\_\_\_ To: \_\_\_\_\_
11. Date of first appointment/Transfer to HMC \_\_\_\_\_
12. Total Hajj / Umrah leave availed before \_\_\_\_\_

Signature of applicant \_\_\_\_\_

(MR No. /Biometric ID) \_\_\_\_\_

13. Remarks of Controlling Officer

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HoD Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Nursing Director remarks \_\_\_\_\_  
(If applicable)

Medical Director remarks \_\_\_\_\_

Hospital Director remarks \_\_\_\_\_  
(Sanctioning Authority)