



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

HoD Name _____

Designation _____

Signature _____

Nursing Director remarks _____
(If applicable)

Medical Director remarks _____

Hospital Director remarks _____
(Sanctioning Authority)