



# MTI-HAYATABAD MEDICAL COMPLEX, PESHAWAR

## CERTIFICATE OF TRANSFER OF CHARGE LEAVE ARRIVAL PROFORMA

1. Certified that we have on the fore/afternoon of this day respectively received the charge of this office vide Order No. \_\_\_\_\_ dated \_\_\_\_\_
2. All documents confidential or otherwise have been received and detail of the same are provided on the reverse:- **(if any)**

Name of employee \_\_\_\_\_ Place of Duty \_\_\_\_\_  
**Receiving the charge**

Dated \_\_\_\_\_ F.N/A.N \_\_\_\_\_ Designation \_\_\_\_\_

Signature of employee \_\_\_\_\_  
**Receiving the charge**

3. Remarks of Controlling Officer \_\_\_\_\_

Signature \_\_\_\_\_

4. Remarks of Superintendent HR \_\_\_\_\_

Signature \_\_\_\_\_

5. Remarks of Manager HR \_\_\_\_\_

Signature \_\_\_\_\_

6. Remarks of Hospital Director \_\_\_\_\_

Signature \_\_\_\_\_