



HAYAT ABAD MEDICAL COMPLEX, PESHAWAR

MATERNITY LEAVE APPLICATION

TO BE SUBMITTED 20 DAYS BEFORE E.D.D

1. Please tick one: (Clinical staff / Non-clinical staff)
2. Name of Applicant _____
3. Fathers name _____
4. Designation _____
5. Employee status Civil / Institutional / Contractual / Daily Wager (select one option)
6. Date of appointment/Transfer _____
7. Date of maternity leave applied _____
8. In reference (first/second/or third)maternity _____
9. Duty cover by if any (his/her name & sign) _____
10. Department /section/unit _____

Signature of applicant _____

(MR No. / Biometric ID) _____

LEAVE ADVISED BY SR/AP & above (CONSULTANT NAME) (45 pre & 45 post) will be acceptable (attached original OPD chit & ultra sound report)	

11. Remarks of controlling officer _____

HOD Name _____

Designation _____

Signature _____

Hospital Director _____
(Sanctioning Authority)