



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

THQ HOSPITAL TAUNSA SHARIF



Leave Application Form

Date: _____

Name: _____

CNIC No: _____ Mobile#: _____

Designation: _____ Duty Location: _____

Reason of Leave: _____

Leave from: _____ Leave to: _____ No of Days: _____

(To be filled by HR Officer)

Leave Type: Casual Medical Short Maternity

Relieved by: _____ Mobile#: _____

Designation: _____ Duty Location: _____

HR Officer
THQ Hospital Taunsa

Signature of Applicant: _____

Medical Superintendent
THQ Hospital Taunsa

Signature of Reliever: _____

Signature of HOD/Supervisor: _____

To be filled by I.T. Department