

**TEHSIL HEAD QUARTER HOSPITAL**  
**MAILSI.**

**CASUAL LEAVE APPLICATION FORM**

TO,

Medical  
Superintendent THQ  
Hospital Mailsi

Subject: Request for grant of \_\_\_\_\_ days of Casual Leave.

It is requested that I may kindly be granted casual leave in according the detail

Given blow.

| <u>DATE FROM</u> | <u>DATE TO</u> | <u>NO OF DAYS</u> |
|------------------|----------------|-------------------|
|                  |                |                   |

Reason: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Designation. \_\_\_\_\_

CNIC No: \_\_\_\_\_ Department: \_\_\_\_\_

Duty: Morning / Evening/ Night

Signature of Applicant: \_\_\_\_\_

Noted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommended By: \_\_\_\_\_ Signature: \_\_\_\_\_

Allowed By:

Total Leave. \_\_\_\_\_

Availed. \_\_\_\_\_

Apply. \_\_\_\_\_

Balance. \_\_\_\_\_

Signature \_\_\_\_\_

DMS/AMS.

Medical

Superintendent. THQ

Hospital, Mailsi