SAIDU GROUP OF TEACHING HOSPITALS, SAIDU SHARIF, SWAT

APPLICATION PROFORMA FOR CASUAL LEAVE / MEDICAL LEAVE / OTHERS

Name: _____

Personnel No: _____

CNIC: _____

Designation: _____ **Department:** _____

Nature of leave applied for: *Casual Leave / Medical Leave / Other* _____

Reason: _____

Leave required (in days): _____ **From:** _____ **To:**_____

Date: _____/ _____/ _____

Signature of Applicant: _____

FOR MEDICAL LEAVE ONLY

Medical Rest Prescribed by: _____ **Designation:** _____

Bed Rest (in days): _____ **Signature:** _____ **Stamp:**_____

ALTERNATE ARRANGEMENTS IF ANY

Duty covering officer/official:

(Reliever must not be from the same duty shift)

Name: _____

Personnel No:_____

Designation: _____

Signature: _____

Remarks/Recommendations of forwarding authority (if any):

Forwarding Authority (HOD/SR/JR/CNS/IC)

Deputy Medical Superintendent
(On Duty)

MEDICAL SUPERINTENDENT
Saidu Group of Teaching Hospitals
Saidu Sharif Swat

System Record Updated by:

نوٹ: براہ کرم منظوری کے بعد درخواست کو HR مینیجر / فوکل پرسن کو بھیجیں۔