



GAJJU KHAN MEDICAL COLLEGE SWABI, HEALTH DEPARTMENT,
GOVERNMENT OF KHYBER PAKHTUNKHWA

LEAVE APPLICATION

Name _____ Designation _____

Type of Leave, Casual/ Medical / Station / others _____

Period of Leave _____ to _____ (Days)

Reason for leave _____

Contact No. During Leave

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Signature of the Applicant

Officer / Official Responsible for His / Her after his duties _____

Signature of Reliever

RECORD OF CASUAL LEAVE

1. Leave applied for _____ (Days)
2. Leave already Availed _____ (Days)
3. Balance of Leave _____ (Days)

Admin Officer

SANCTIONED

PRINCIPAL GKMC Swabi