



**Health Department THQ HOSPITAL**  
**BUREWALA**

To,

**The Medical Superintendent,  
THQ Hospital Burewala**

Leave Type		
Name of the Applicant		
Place of Duty		
Designation		
From Date		
To Date		
Total Leave Days		
Reason of Leave /Off		
NIC (ID Card #)		
Cell No. of Applicant		
Duty Arrangement During Leave / Off	Name:	Sig _____
	Cell No:	

Date: \_\_\_\_\_

\_\_\_\_\_  
Sig. of the Applicant

Sanctioned

Yes

No

Sanctioning Authority \_\_\_\_\_

**M.S**