



**MEDICAL TEACHING INSTITUTION,
MARDAN MEDICAL COMPLEX**



LEAVE PROFORMA

Personal code No _____ Date _____

Name _____ Designation _____ Department _____

Type leave, Casual / Medical / Short / Other _____

Period of Leave from _____ to _____ Days _____

Reason for Leave _____

Contact No _____

Signature of Applicant

Name of Reliever (in case) _____

Designation _____ BPS _____ Department _____ Signature of Reliever

Recommendation of Incharge Unit:

Signature

For office use only

Record of casual Leave

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

Office Superintendent:

**Hospital Director
MTI, MMC Mardan**