



## LEAVE APPLICATION PROFORM

(FILL in & Approved This Performa before Proceeding on Leave)

Fill-in -Date: \_\_\_\_/\_\_\_\_/20\_\_

# BANNU MEDICAL COLLEGE, BANNU

- Name of Officer/Official: \_\_\_\_\_
- Department: \_\_\_\_\_
- Designation: \_\_\_\_\_

<input type="checkbox"/> BPS	<input type="checkbox"/> BPS 01 - 05	<input type="checkbox"/> BPS 07 - 09	<input type="checkbox"/> BPS 10 - 13
	<input type="checkbox"/> BPS 14 - 16	<input type="checkbox"/> BPS 17 - 19	<input type="checkbox"/> Others

- Leave Applied For:

<input type="checkbox"/> Short Leave	Time to Leave:
<input type="checkbox"/> Day: _____	Date:
<input type="checkbox"/> Days: _____	From: _____ To: _____

- Types of Leave:

<input type="checkbox"/> Casual Leave	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Court Attendance	<input type="checkbox"/> Other
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Documentary Justification:

Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason if No Justification: _____		
Any other reason for the justification of Leave: _____		

- Name of Substitute will perform duties: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Recommended and forwarded by **i/c:** \_\_\_\_\_

Signature of the Applicant

\_\_\_\_\_ For Office use only \_\_\_\_\_

### Leave Record

No. of Permissible Leave:	Total Leave availed Till Date:	Balance:
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Remarks if any: \_\_\_\_\_  
\_\_\_\_\_

Recommendations:

I/c Clerk Attendance  
Bannu Medical College, Bannu  
Approved/Regretted

Associate Dean/HR  
Bannu Medical College, Bannu  
Approved/Regretted

Dean,  
Bannu Medical College, Bannu  
Final Approval/Regretted