PIR MEHR ALI SHAH

ARID AGRICULTURE UNIVERSITY, RAWALPINDI

APPLICATION FORM FOR LEAVE

1. Name and Designation of the Applicant: _____

2. Period and Nature of Leave Applied for (E/L or C/L) _____

3. Leave Last Availed _____

4. Whether leave applied for is due _____

5. Address during leave: _____

_____

6. Telephone No/Cell No._____

Dated: _____ Signature of the Applicant _____

7. Recommendations of the Superior Officer with suggestion as to arrangements for absentee's work: _____

Dated: _____ Signature & Designation: _____

8. Orders of the sanctioning authority

Dated: _____ Signature & Designation _____

CamScanner

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ARID AGRICULTURE UNIVERSITY RAWALPINDI

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6. Telephone No/Cell No. _____

Dated: _____ Signature of the Applicant _____

Dated: _____ Signature of the Incharge _____

7. TO BE COMPLETED BY THE REGISTRAR OFFICE	
Earned Leave Balance: _____	Prepared By: _____ Designation: _____

8. TO BE COMPLETED BY THE DEPARTMENT
Recommendations of the Superior Officer with suggestion as to Arrangements for absentee's work:

Dated: _____ Signature & Designation _____

9. Orders of the sanctioning authority

Dated: _____ Signature & Designation _____

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