



# Azad Jammu Kashmir Medical College Muzaffarabad.

you can fill online form and submit it manually  
from : [www.ajkmc.edu.pk/leave.pdf](http://www.ajkmc.edu.pk/leave.pdf)

## Leave Application Form

Date

Employee's Name \_\_\_\_\_ Designation \_\_\_\_\_

Department \_\_\_\_\_ Duration of leave (Half/Full) \_\_\_\_\_

**from**  **to**

Reason's for leave \_\_\_\_\_

\_\_\_\_\_  
Signature

### Reliever Consent

I will work in place of Dr./Mr. Miss / \_\_\_\_\_ during his/ her leave period.  
Mrs. \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Designation

### To be Filed by HR department

Type of Leave: \_\_\_\_\_

	<u>Leave Entitled</u>	<u>Leave Aailed</u>	<u>Balance</u>
Casual	_____	_____	_____
P-Leave	_____	_____	_____
Sick Leave	_____	_____	_____

### Head of Department

Recommended

Not Recommended

\_\_\_\_\_  
Name of HOD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Principal /Vice Principal /Director HR /Assistant Manager HRM / Admin Officer (G)

Approved

Not Approved

\_\_\_\_\_