



MEDICAL TEACHING INSTITUTION
(Khyber Medical College/KTH/KCD)



LEAVE APPLICATION

No: _____

Dated: _____

Name: _____

Designation: _____ Department: _____

To: _____ Division/Deptt Head)

Subject: _____

Type of Leave: Earned Leave Sick leave Educational Leave
 Casual Leave Sabbatical Leave Duty Leave
 Maternity Leave

From: _____ To: _____ Total days: _____

Signature: _____

DIVISION/DEPARTMENT HEAD: Approved Disapproved

Comments: _____

Signature: _____ Name: _____ Date _____

DEPTT OF HUMAN RESOURCES:

Current annual Leave utilized: _____ days Available leave _____ days

Signature: _____ Name: _____ Date _____

DEAN/MEDICAL DIRECTOR/HOSPITAL DIRECTOR/NURSING DIRECTOR

(not necessary for Earned or Maternity leave or Sick leave, except for Prolonged sick leave)

Signature: _____ Name: _____ Date _____

Comments: _____