

Faisalabad Medical University,
Faisalabad.



CASUAL LEAVE APPLICATION FORM

Name: -----

Designation -----

Form ----- To -----

No of days: -----

Purpose: -----

Contact No: -----

Employee's Signature: -----

Postal Address: -----

Recommended by Section Head: -----

Leave Balance: -----

Verified by Est. Asst: -----

Approved By:

Vice Chancellor,
Faisalabad Medical University,
Faisalabad.