

Faisalabad Medical University,  
Faisalabad.



**CASUAL LEAVE APPLICATION FORM**

Name: -----

Designation -----

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

No of days: -----

Purpose: -----

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Contact No: -----

Employee's Signature: -----

Postal Address: -----

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**Recommended by Section Head:** -----

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Leave Balance: -----

Verified by Est. Asst: -----

**Approved By:**

**Vice Chancellor,**  
Faisalabad Medical University,  
Faisalabad.