

UNIVERSITY OF THE PUNJAB  
LAHORE

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**SUBJECT: APPLICATION FOR PRIVILEGE/EARNED/MEDICAL LEAVE ETC.**

Respected Sir,

With due respect it is submitted that I intend to avail privilege / earned / medical leave etc. for a period from \_\_\_\_\_ to \_\_\_\_\_. My particulars are as follows:

1. Name \_\_\_\_\_
2. Designation & Scale \_\_\_\_\_
3. Duration of Leave from \_\_\_\_\_
4. Purpose of Leave \_\_\_\_\_

Yours obediently,

**Signature of the Applicant**

Remarks by the Head of the Department:

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**Signature of the Head of the Department**

**Approval of the C.M.O.** (in case of medical leave)

(Medical Certificate Attached)

**Signature:** \_\_\_\_\_

**Assistant Treasurer**

Privilege/Earned/Medical Leave etc. from \_\_\_\_\_ to \_\_\_\_\_ is due / Not due to the applicant.

**Signature:** \_\_\_\_\_

**Approval of the Registrar**

(BS-01 to BS-15)

**Signature:** \_\_\_\_\_

**Approval of the Worthy Vice-Chancellor**

(BS-16 and above)

**Signature:** \_\_\_\_\_

**Deputy Registrar**

(Establishment)

**Signature:** \_\_\_\_\_