

**OFFICE OF THE PRINCIPAL/ CHIEF EXECUTIVE NMC / QHAMC, NOWSHERA  
(KHYBER PAKHTUNKHWA)**

**APPLICATION FOR CASUAL LEAVE**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Nature of Leave: \_\_\_\_\_

Period of Leave: From \_\_\_\_\_ To \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Substitute person: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head /  
Incharge of the Department / Section

**For Office Use Only**

Leave Date (s)		Total Leave	Availed Leave	Balance
From	To			

\_\_\_\_\_  
Signature of Vice Principal

\_\_\_\_\_  
Countersigned