DOW UNIVERSITY OF HEALTH SCIENCES KARACHI

SCHOOL OF POSTGRADUATE STUDIES

POSTGRADUATE TRAINEE LEAVE APPLICATION FORM (FCPS / MCPS)

Applicant Instructions:

Postgraduate trainees must submit their leave application at least 15 days prior to the intended date of leave. The application must be duly forwarded by the Parent Unit Supervisor. In case of rotation, the application must be forwarded by both the Parent and Rotation Unit Supervisors. It is mandatory to mention all long leaves previously availed, along with the reason, on the proforma. All leaves exceeding four days will be considered as a deficit and must be completed as deficit without pay towards the end of training. Incomplete or missing information in the form will not be entertained.

CMS / Enrollment ID: _____ Parent Ward Name: _____

PG Name: _____ S/o. D/o. _____

Specialty with unit: _____ Institutet: __CHK DUH, DIDC, DDC_____

Date of First Joining: _____ Current Study Year: _____

Total Leave Allowed: 15 Days / 06 Months Session. Leave Balance: _____

No. of Days _____

Period of Leave From: _____ To: _____

Reason for Leave: _____

Date: _____ Mobile: _____

DETAILS OF PREVIOUSLY AVAILED LEAVES

S #	NO. OF DAYS	FROM	TO	REASON

Applicant Signature

Remarks by Supervisor / Director / HOD

_____

_____

Date: _____ Signature with stamp: _____

Remarks by Principal / Director / HOD

- ○ Recommended
- ○ Not Recommended

No. of Days: _____ Signature: _____

Date: _____