



UNIVERSITY OF BALOCHISTAN, QUETTA

OFFICE OF REGISTRAR

Date of Application: _____

1. Name of Applicant: _____
2. Father's Name: _____
3. Designation: _____
4. Section / Department: _____
5. Period of Leave Applied: From _____ to _____ Months / Days
6. Kind of Leave Applied: Earned / Medical / Ex-Pakistan / _____
7. Reason of Leave: _____
8. Employee's Address: _____
9. Employee's Signature: _____
10. Employee's Contact No: _____
11. Recommended / Not Recommended: _____
12. Remarks Proposed Arrangement: _____

SIGNATURE / STAMP
Head of Department / Section

12. Report of the H.R. / Gen: (Leave Section)
 - I. Leave Due _____ Days
 - II. Leave Availed _____ Days
 - III. ***Period of Leave Availed:***
 - IV. From _____ to _____ (____) Days
 - V. Balance _____ Days-Due.

13. ACTION OF SANCTIONING AUTHORITY: **SANCTIONED / REFUSED**

ADDITIONAL REGISTRAR

REGISTRAR

RECORDED IN THE GENERAL AND LEAVE SECTION, UoB, QUETTA

Page No: _____ Register: _____