



CENTRE FOR APPLIED MOLECULAR BIOLOGY
University of the Punjab
LAHORE

Dated: _____.

To,
The Director
Respected Sir,

Kindly grant me leave as per detail below:

NATURE OF LEAVE APPLIED FOR { } Casual { } Earned { } Medical { } Station { } Short Date: _____ From: _____ To: _____	
PERIOD OF LEAVE IN DAYS: _____ From: _____ To: _____.	
Reason: _____ _____	Out Station address: (In case of station leave) _____ _____
Signature of applicant : _____	Designation: _____.
Name: _____.	
REMARKS AND RECOMMENDATION OF WORK INCHARGE. _____ _____ <p style="text-align: right;">Signature: _____</p>	
REPORT OF ADMIN / ACCOUNT SECTION: Leave at credit: _____ Leave applied for: _____ Administrative Officer: _____ Enter in Register Leave page No.: _____ Date: _____	
<u>DIRECTOR:</u> 	