

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

- 1. Name of Applicant: _____
- 2. Leave Rules Applicable: _____
- 3. Post Held: _____
- 4. Faculty/Institute/Academy/
Centre/Section: _____
- 5. BPS: _____
- 6. Nature of leave applied for: _____
- 7. Period of leave in days: _____
- 8. Date of commencement: _____

Dated: _____

Signature and Designation

- 9. Remarks and recommendations of the concerned
Supervisor/Incharge:

Dated: _____

Signature and Designation

- 10. Remarks and recommendations of the concerned
Vice President/Dean/ Director/Sectional Head:

Dated: _____

Signature and Designation

- 11. Certified that the leave applied for is admissible
under Statutes (s) _____ and necessary
conditions are fulfilled.

Dated: _____

Signature and Designation

- 12. Orders of the sanctioning authority:

Dated: _____

Signature and Designation