



BACHA KHAN COLLEGE OF DENTISTRY

MARDAN

LEAVE PROFORMA

Dated _____

Name: _____ Designation:- _____ Department _____

Reason of Leave: _____

Period of Leave: From _____ To _____ Days _____

Type leave, Casual/Medical/Short/Other _____ Applicant Signature: _____

Name & Signature of Duty Cover: _____

Contact Number: _____

Signature of HOD/In charge of Deptt: _____

For office Use Only

Leave applied for	Leave already Aailed	Balance

Signature of Vice Principal/Principal BKCD _____