



SHAHEED BENAZIR BHUTTO WOMEN UNIVERSITY PESHAWAR

Dated: ___ / ___ /20

Maternity Leave Application Form

Name	Designation	Expected date (Certificate attached)	Date of Availing

Signature of employee

Recommendation of the Head of
Department/Section: _____

Assistant Registrar (Estt.):

Deputy Registrar (Estt.):

Registrar:

Vice Chancellor:
