

THQ Hospital Mian Channu

No. _____/THQ Dated: _____

Maternity Leave Certificate

It is certified that Mrs. _____ W/O _____ working as _____ at _____ CNIC No _____ is examined by me. She has been referred by department letter No. _____ dated _____ issued by _____ .CRP/OPD Slip No. _____

Her LMP is _____

Her USG Shows gestational age _____.

She advised to avail maternity leave from _____ (45 days before delivery & 45 days after delivery).

Specimen Signature of Govt Employee

Thumb Impression of Govt Employees

Document Attached:

- Medical Docket
- OPD Slip
- USG Report
- Copy of CNIC

**CONSULTANT GYNECOLOGIST
THQ HOSPITAL MIAN CHANNU
DISTRICT KHANEWAL**

Countersigned.

**MEDICAL SUPERINTENDENT
THQ HOSPITAL MIAN CHANNU
DISTRICT KHANEWAL**

THQ Hospital Mian Channu

No. _____/THQ Dated: _____

Maternity Leave Certificate

It is certified that Mrs. _____ W/O _____ working as _____ at _____ CNIC No _____ is examined by me. She has been referred by department letter No. _____ dated _____ issued by _____ .CRP/OPD Slip No. _____

Her LMP is _____

Her USG Shows gestational age _____.

She advised to avail maternity leave w.e.f _____ to three months.

Specimen Signature of Govt Employee

Thumb Impression of Govt Employees

Document Attached:

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- OPD Slip
- USG Report
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THQ HOSPITAL MIAN CHANNU
DISTRICT KHANEWAL**

Countersigned.

**MEDICAL SUPERINTENDENT
THQ HOSPITAL MIAN CHANNU
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