

No. \_\_\_\_\_ /THQ/C Burewala. Dated. \_\_\_\_\_, 2018.

From,

The Gynecologist/WMO,  
T.H.Q Hospital, Burewala.

To,

\_\_\_\_\_  
\_\_\_\_\_

Subject; -

**MATERNITY LEAVE CERTIFICATE.**

With reference to your docket No. \_\_\_\_\_ Dated. \_\_\_\_\_

Mrs. \_\_\_\_\_

Burewala District Vehari NIC #. \_\_\_\_\_ appeared before  
the undersigned on \_\_\_\_\_ vide OPD No. \_\_\_\_\_ /G. She is pregnant  
about \_\_\_\_\_ weeks. She is recommended \_\_\_\_\_ days maternity leave w.e.f.

\_\_\_\_\_. Her specimen signature  
and marks of identifications are attested below-

**MARKS OF IDENTIFICATION.**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE ATTESTED**