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|  | Application Duly Recommended By The Head Or Next Higher Authority |
|  | Attested copy of Medical Docket. |
|  | Medical certificate issued by the Medical officer duly countersigned by the Medical Superintendent of concerned Hospital. |
|  | Leave Entitlement Certificate on the prescribed Proforma (Leave application form) duly issued by the District Accounts Officer, concerned with No. & date. |
|  | Medical Fitness certificate. |
|  | Relieving / Joining report. |
|  | Last salary slip. |
|  | Attested copy of CNIC. |
|  | Attested copy of Challan Form No. 32-A wherein clearly indicate about refund of conveyance allowance. |