

CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP/CBV Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Sobia Basir
Designation	AS
CNIC No.	17301-5004810-0
Email/Contact No.	03169691109
UC/Tehsil/District	Peshawar
Leave application date	01/11/2024

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input checked="" type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations/Annual	<input type="checkbox"/> Others (Please Specify)
<p>Number of Days Leave Applied for: 05</p> <p>Leave start date: 01/11/2024 Leave end date: 05/11/2024</p> <p>OIC/Responsible Person: every second colleague may be held responsible for job related tasks (in case of applicant absence):</p> <p>Name and designation:</p>	
Employee signature & Date:	UCOO Approval & Date:
IO endorsement & Date:	UCPO Approval & Date:
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

Yesterday she had an accident at evening

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

A#08



EMERGENCY DEPARTMENT (TRAUMA)

LADY READING HOSPITAL
MEDICAL TEACHING INSTITUTION
PESHAWAR, KHYBER PAKHTUNKHWA

Insurance Paid : 50
K02243427248
Invoice Date : 31-OCT-24 18:03:27

647

MRN : K00007683214 Name : SUBIA BAKIR
Gender : Female Age : 35 Year(s) District :
Father / Husband Name : SYED BAKIR ALI
Admission Type : Acute Emergency Department : EMERGENCY

Serial No. _____

Complaints:

Rx

Findings:

Investigations:

Diagnosis:

Next Visit:

Consultant Name: _____

Signature: _____

RTA
R Les. from zone
Lateral
Side view
Small

Bed rest
for 05 Days
GCS 15/15
LOC
Pup
FNDs
Vern

X-ray R/WP
to
Tars Metatarsal foot
(1+1)
Tars Onset
to
(1+1)
Tars Maxiget 900
C5
Tars
Ribs 40

but
Vitals
Grossly
only
96
1200
Sub
ATW
500

Phone: 9211430

website: www.lrh.gov.pk

Tars Voren
C5 (1+1)