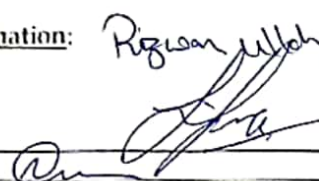


CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-ITPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	NOOR
Designation	C.H.W
CNIC No.	17301-2942721-0
District/UC	Peshawar / Derag
Leave application date	

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"/> Chilla, 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 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	<input type="checkbox"/> Others
Number of Days Leave Applied for: 40	
Leave start date: 16.10.2023	Leave end date: 26/11/23
OIC Name and designation: Rizwan ullokh / ucro	
Employee signature: 	Date: _____
PEO endorsement: _____	Date: _____
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

MOULVI AMEER SHAH MEMORIAL HOSPITAL PESHAWAR RADIOLOGY DEPARTMENT

Pt. Name: Mear Age _____ Date: 22/8/23

OBSTETRICAL ULTRA SOUND

No. of G. Sacs 01
 No. of Fetuses 01
 Fetal cardiac Activity seen
 Presentation/Lie Cephalic
 BPD 9.1 cm
 FL 6.9 cm
 CRL - cm
 G Sac - cm
 Gestational Age 36 + 2 weeks
 EDD [20-9-23]
 EFW: - gm
 Placenta Anterior
 Amniotic Fluid Adequate

BIOPHYSICAL PROFILE

1- Fetal cardiac Activity
 2- Respiration
 3- Gross body movement
 4- Fetal tone
 5- Liquor
 Total Score = 1

UMBILICAL ARTERY DOPPLER

S/D Ratio
 R.I.
 Umbilical cord loop around Fetal neck
 Yes No
 AFI: + + + = - cc

Comments _____

Reported by Radiologist
Dr. Waqar Un Nisa

[Signature]
Reported By Medical Officer