

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Muhammad Arip
Designation	UCPO
CNIC No	16101-98095933
District/UC	Mardan / Babem
Leave application date	17/6/2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziyat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas / Iwali
<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 checked="" 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 _____

Leave start date 18/6/2020

Leave end date 25/6/2020

OLC Name and designation: _____

Employee signature: _____

Date: 17/6/2020

PEO endorsement: _____

Date: 17/06/2020

PTL endorsement: _____

For more than Two weeks _____

Date: _____

CTC final approval: _____

Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

Sent To:

OUT DOOR PATIENT TICKET

District Maddur CRP No: _____

Facility Name BHU Charbanda

Name Mohammad Araf Age: 34 Sex: M

Father's/Husband's Name _____

Monthly OPD Serial No. 409

Provisional Diagnosis: Typhoid fever

Date	Clinical Findings / Investigations / Treatment / Referred / Test Findings
6 17- 2020	<p>Rx</p> <p>① Cap. cefepim 400mg 1/1/1/1/1</p> <p>② Tab. paracetamol 1-1-1-1-1</p> <p>③ Syp. lysomin 2+2</p> <p>Advised rest for two weeks</p> <p><i>[Signature]</i> Medical Officer Incharge BHU Charbanda</p>



ZAMAN
Medical Lab.



HRA Reg No: 06288

زمنک میڈیکل لیب

Patient ID: 973

Referred By: SELF

Process Time: 0 hr

Patient Name: Arif

Contact No: N/A

Email: N/A

Age / Sex: 0 Years / Male

Address: N/A

Date: 16-Jun-20 at 11:51 AM

Test Name

Result

Unit

Normal Range

IMMUNOCHROMATOGRAPHY

SERUM H-PYLORI AB

Positive (+ive)

WIDAL TEST

Salmonila Type O (TO)

1/40

Salmonila Type H (TH)

1/160

SEROLOGY

Negative <1/80

Positive >1/80

ClinicalSig = 1/80

Negative <1/80

Positive >1/80

ClinicalSig = 1/80

M. Zafar

Lab. Incharge
M. Zafar

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زمن میڈیکل لیب کیونکہ کھینک کا ٹنگ روڈ منگھڑ بازار (مردان) ایم ڈی: احمد زمان (برائے رابطہ)