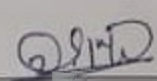
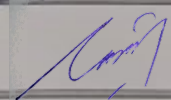


SECTION 1: APPLICANT'S DETAILS	
Employee Name	Abid Islam
Designation	UCPO
CNIC No.	12101-3103418-9
District/UC	Karak/Wayana Ahmad Abad
Leave application date	30 June, 2020

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 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 01 July, 2020	Leave end date 04 July, 2020
OIC Name and designation:	
Employee signature: 	Date: 30 June, 2020
PEO endorsement: 	Date: 30-06-2020
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any \_\_\_\_\_

**NOTE: Leaves during campaign days are NOT allowed**

TYPE-C-HOSPITAL CITY KARAK  
OUT DOOR PATIENT TICKET

DHS-02(F)

Sent To:

District Karak

CRP No: 4881

Facility Name \_\_\_\_\_

Name Atid Islam Age \_\_\_\_\_ Sex M

Father's/Husband's Name \_\_\_\_\_

Monthly OPD Serial No. \_\_\_\_\_

Provisional Diagnosis \_\_\_\_\_

Date Clinical Findings/Investations/Treatment/Test Findings

30/6/20

Rx

- fever & chills

- Headache & Bodyache

→ Tab. Artem —

3 (3) — 1-1

- vomiting

- Diarrhea & mild blood

→ Tab. Duragen forte —

1-1

→ Tab. Flagyl —

1-1-1

→ Sup. Lysovit —

33 1-1

Pt. is advised to take complete bedrest of at least 3 days!  
12.07.20  
30.06.20