

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Naeem Ud Din
Designation	UCPO Thall Urban
CNIC No	14101-0801238-7
District/UC	Hangu/Thall Urban
Leave application date	23-08-2020

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"/> Chullah, 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 checked="" type="checkbox"/> Others ⇒ Domestic work at Rest
Number of Days Leave Applied for <u>5 days</u>	
Leave start date <u>24-08-2020</u>	Leave end date <u>28-08-2020</u>

OIC Name and designation:	
Employee signature: <u>Naeem Ud Din</u>	Date: <u>23/8/2020</u>
PEO endorsement: <u>[Signature]</u>	Date: <u>24/8/20</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

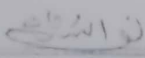

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

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LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Nasar Ullah Jan
Designation	UCPO
CNIC No	42201-3412392-1
District/UC	Mangli, Karbesha
Leave application date	25/8/2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Zarat
<input type="checkbox"/> Chullah, Tableegh, Ehtikat	<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 checked="" type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for <u>CNC</u>	
Leave start date <u>25/8/2020</u>	Leave end date <u>25/8/2020</u>
Off. Name and designation	
Employee signature 	Date <u>25/8/2020</u>
PEO endorsement 	Date <u>25/8/20</u>
PTI endorsement	Date
For more than Two weeks	Date
CTC final approval	Date

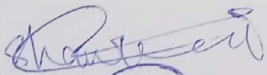
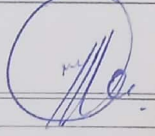
CTC Remarks, if any _____



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LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Shaukat Hayat
Designation	UCPO
CNIC No.	
District/UC	Atang
Leave application date	25 Aug 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 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 checked="" type="checkbox"/> Others
Number of Days Leave Applied for = 4	
Leave start date 25/8/20	Leave end date 28/8/20
OIC Name and designation:	
• Employee signature: 	Date: 25/8/2020
PEO endorsement: 	Date: 25/8/20
PTL endorsement:	Date:
For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____

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LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Rab Nawaz
Designation	UCPO
CNIC No.	14101-5551331-3
District/UC	Naryab - 1
Leave application date	19-08-2020

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"/> Chillaah, 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 checked="" type="checkbox"/> Others Annual leaves

Number of Days Leave Applied for Three days

Leave start date 20-08-2020 Leave end date 22-08-2020

OIC Name and designation:

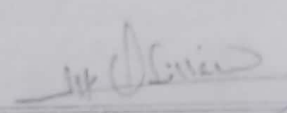

Employee signature:	Date: <u>19-08-2020</u>
PEO endorsement:	Date: <u>19/8/20</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTTP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Hayat Bilal
Designation	UCPO
CNIC No.	14101-9099830-5
District/UC	Harjy / Muhammad Khwaja
Leave application date	28-8-2020

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, Tabeegh, Ehtikat	<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 checked="" type="checkbox"/> Others
Number of Days Leave Applied for (ONE) (1) Two Three	
Leave start date 28-8-20	Leave end date 28-8-20
OIC Name and designation:	
Employee signature: 	Date: 27-8-20
PEO endorsement: 	Date: 28/8/20
PTI endorsement: For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed