
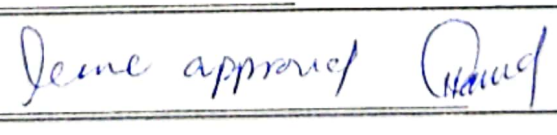


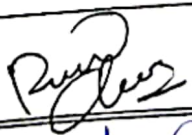
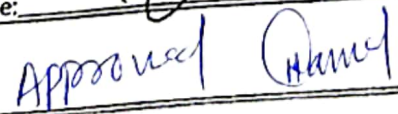
CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Iftikhar Khan
Designation	UCPO
CNIC No.	17201-1056755-9
District/UC	Nowshera UC Pirsabaq
Leave application date	03 oct, 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, 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 checked="" 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 : 01	
Leave start date: 03 Oct 2020	Leave end date: 03 October 2020
OIC Name and designation: Gul Sartaj (PEO Nowshera)	
Employee 	Date: 2-10-2020
signature: _____	Date: 2/10/20
PEO endorsement: 	Date: 2/10/20
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Rashid abbas
Designation	Union council polio officer
CNIC No.	1720195657533
District/UC	Nowshera/Mera Akora
Leave application date	28-9-2020

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 checked="" type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for	01
Leave start date 28-9-2020	Leave end date 28-9-2020
OIC Name and designation:	
Employee signature: 	Date: 28 Sep 2020
PEO endorsement: 	Date: 28/09/20
PTL endorsement: _____	Date: _____
For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____