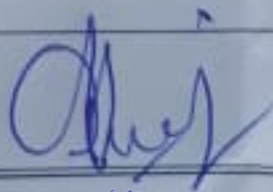



CTCP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Sayed Shaid Hussain.
Designation	OCP0
CNIC No.	21303-2283450-1
District/UC	TDP (Kerman)
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"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input checked="" type="checkbox"/> 1 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 checked="" type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for: Two days.	
Leave start date: 10	Leave end date: 11
OIC Name and designation: Dr Asfar U Shams, PEO.	
Employee signature: 	Date: _____
PEO endorsement: 	Date: 09/07/2019
PTL endorsement: For more than Two weeks	Date: _____
CTC final approval:	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed