

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Azra
Designation	CHW
CNIC No.	17301-6703962-6
District/UC	Peshawar / Hassan Sharhi 2
Leave application date	13-5-2024

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 checked="" 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 type="checkbox"/> Others
Number of Days Leave Applied for: 40 days	
Leave start date: 13-5-24	Leave end date: 21-6-24
OIC Name and designation (every second colleague may be held responsible for job related tasks in case of applicant absence): AS Ascha	
Employee signature & Date: <i>Azra</i> 13/5/24	UCOO Approval & Date: <i>[Signature]</i> 13-5-24
IO endorsement & Date:	UCPO Approval & Date: <i>[Signature]</i> 13/5/24
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

ALKHIDMAT BLOOD BANK & DIAGNOSTIC CENTER
Nishtarabad Peshawar

www.alkhdp.org.pk | Facebook Page: www.facebook.com/alkhdp091
 PH: +92-91-2581778 | WhatsApp: +92-317-9502926 . +92-301-9502929
 Home Sampling Service Booking 24/7 Contact US 091-2581778, 0317-9502928



Patient Receipt

223730
 : Mrs. Hajira Bib W/O Shakil Ahmad
 : 30 Y Gender : / F
 : May 10, 2024 8:13PM
 : General

MIR # : AKHIDC-377457-24
 Visit # : 1486055
 Receipt # : 1078455
 Department : Laboratory
 Consultant : Self
 Cate # : --

Description	Reporting Date&Time	Charges
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103 Blood Complete
 721 Blood Group for Lab
 1101 Anti HCV By ICT
 1102 Anti HIV By ICT
 1111 HBs Ag By ICT

	10/05/2024 08 05 PM	400
	10/05/2024 08 05 PM	140
	10/05/2024 08 05 PM	400
	10/05/2024 08 05 PM	400
	10/05/2024 08 05 PM	400
		1,832

Gross Total

Please scan this QR to
Get Your Report.



Advance Payment
 Discount
 Refund
 Panel Pay
 Receivable Amount
 Net Amount Paid By Patient

U. Age: 36 weeks 05 days
 EDD: 02/06/2024

Placenta: Anterior in upper uterine segment
Amniotic Fluid is moderately reduced

Single loop of cord seen around the fetal neck at the time of scan.

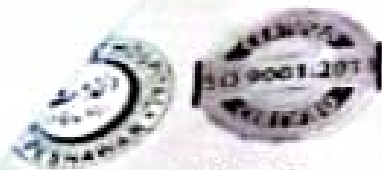
IMPRESSION:

- Single, alive, intrauterine fetus of 36 weeks 05 days with cephalic presentation.
- Moderate Oligohydramnios.
- (Labour pain) fetal congenitally abnormality could not detected.

Item	Unit	Rate	Total
103 Blood Complete	1	400	400
721 Blood Group for Lab	1	140	140
1101 Anti HCV By ICT	1	400	400
1102 Anti HIV By ICT	1	400	400
1111 HBs Ag By ICT	1	400	400
Total			1,832

CHEK BY: W/S III

Handwritten signature



Abbott Park Hospital Multispecialty Pathology
 Tel: 099-2216666 | Fax: 099-2216666 | Email: 099-2216666

Patient Name: **MS. NAJRA SID**
 DOB: **10 May 1994**
 Control #: _____

MR #: **AKBDC-377457-24**
 Lab #: **000000223720**
 Consultant: _____

Department: **Outdoor**
 Sampled: **5/10/2024 8:15:56PM**
 Result Reported: **5/10/2024 3:21:52PM**

DEPARTMENT OF PATHOLOGY
HAEMATOLOGY
Blood Complete

Test	Result	Reference Range	Units
Hemoglobin	13.4	11 - 16	g/dl
TLC	11860	4000 - 11000	/cmm
Neutrophils	69	45 - 75	%
Lymphocytes	24	25 - 45	%
Monocytes	05	02 - 10	%
Eosinophils	02	01 - 06	%
Platelet Count	184000	150,000 - 450,000	/cmm
PCV	37.7	35 - 55	%
M.C.V	83.3	76 - 96	f
M.C.H	29.5	27 - 32	fg
M.C.H.C	35.4	30 - 35	g/dl
RBC Count	4.52	3.8 - 4.8	ml/mm ³
RDW-CV	14.4	11 - 16	%
Blood Group	B Positive	Negative / Positive	Null
RH factor	Positive	Negative / Positive	Null

Note: This is a computer generated report duly verified by a pathologist, therefore signatures are not required.

Dr. Naveed Sharif
 MBBS, M.Phil, Ph.D
 Consultant Pathologist

Print Date **5/10/2024 10:55:21 PM**

Print by **Mr. MATI UL HAQ**

Abbott Park
 Blood Bank
 & Diagnostic
 Centre





MEDICAL EMERGENCY RESILIENCE FOUNDATION (MERF)
NISITRABAD COVID & GENERAL HOSPITAL, PESHAWAR

DISCHARGE SLIP

Department: Obs and Gyna Patient Name: Azra Clinic: 17301-6703963
S/o, D/o, W/o: Shakeel Ahmad Age: 31 Gender: F MR# 214718
Weight: _____ Admission Date: 10/05/20 Discharge Date: 10/05/20
Prepared By Name & Sign: Dr. Tabinda Consultant Name & Sign: Dr. Tabinda

Chief Complaints:

G2 P3 c TTP in labour

Treatment at the Hospital:

Inf retract 500ml 1/4 stab

Investigations:

Hb = 13.4 U/Vabgye N/K
B (+)

Procedure Notes (IF ANY):

NVD

8/10, 10/10



Alkhalaf Hospital Nishawabed Pakistan
Tel: 091-2218008 | 091-2215945 | Fax: 091-2572855

Patient Name MRS. HAJIRA BIB
AGE: 30 Y O M 8 D
Contact #:

Medical Record# AKBDC-377457-24
Lab #: 000000223720
Consultant:

Department Outdoor
Sampled: 10-May-2024 8:15PM
Result Reported 10-May-2024 9:21PM

DEPARTMENT OF PATHOLOGY
SEROLOGY

Test	Result	Reference Range	Unit
HBS ICT	Negative	Negative / Positive	Null
HCV ICT	Negative	Negative / Positive	Null
HIV ICT	Negative	Negative / Positive	Null

Note: This is a computer generated report duly verified by a pathologist, therefore signatures are not required.

Dr. Naveed Sharif
MBBS, M.Phil, Ph.D.
Consultant Pathologist

Print Date 5/10/2024 10:55:12 PM

Print by Mr. MATI UL HAQ

