



1 Distance 2 GS 3 CRL 4 BPD 5 FL 6 AC

Obstetrical USG

No. of Fetus Single
Lie Long
Presentation Cephalic
FCA L FM L
Liquor Adequate
Placenta Posterior
G.sac G.Age
Crl G.Age
B.p.d 6.5 cm G.Age 25 w 5 d
F.I 4.6 cm G.Age
E.d.d 18/5/24
Any Abnormality Nil?

Sign: [Signature]
6/5/24

Dr. Mehnaz Gul

MBBS, RMP

Gynaecologist

Clinic Timing:

9:00 am to 5:00 pm

Cell: 0335-9541580

PMDC. 34072-P

ڈاکٹر مہناز گل

ایم بی بی ایس، آرا میڈیسیٹی

گائنا کالوجسٹ

Name: Saima Kashif Age: 3

Date: 6/2/24

Clinical Record

Rx

Gf 2⁺ 7⁺

hads. 14th

Aug 7th

4 USS

Caugh

Fever

T₂

CO - ulnar

T₂

Syl

ferment

1-11-11

Tron que (3)

1-11-11

Amelane (3)

625mg

1-11-11

co fert

203

02/01/24

Saima Kashif

ملک میڈیکل سنٹر، مشتاق آباد چوک ٹوٹھیہ جدید ریشاور
ہفت روزہ نمازات ہے، نماز رات نمازات ہے، ہفت روزہ نمازات ہے، نماز رات نمازات ہے۔

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Sumaina
Designation	CHW
CNIC No.	17301-0517851-2
Email/Contact No.	0334-0010407
UC/Tehsil/District	Palosi
Leave application date	15 May 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 checked="" type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations/Annual	<input type="checkbox"/> Others (Please Specify)
Number of Days Leave Applied for: 40 Days	
Leave start date: 15-5-2024	Leave end date: 24-6-2024
OIC/Responsible Person: (every second colleague may be held responsible for job related tasks (in case of applicant absence):	
Name and designation: Sobia	
Employee signature & Date: Sumaina	UCOO Approval & Date: 15.5.2024
IO endorsement & Date:	UCPO Approval & Date: 15.5.2024
PTL endorsement: For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed