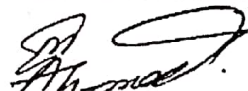



CIIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT S DETAILS	
Employee Name	MUSHTAQ AHMED
Designation	UCPO
CNIC No.	11201-5939655-1
District/UC	LAKKI MARWAT/LAKKI-1
Leave application date	02-09-2019 and 03-09-2019

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"/> Other
Number of Days Leave Applied for : 2	
Leave start date - 02-09-2019	Leave end date 03-09-2019
OIC Name and designation: Dr. Waqas Ahmed PEO (WHO)	
Employee signature: 	Date: 31-08-2019
PEO endorsement: 	Date: 31-08-2019
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed