



# CHIP Training and Consulting (Pvt) Ltd

## LEAVE APPLICATION FORM-PTPP Project

| SECTION 1: APPLICANT S DETAILS |                      |
|--------------------------------|----------------------|
| Employee Name                  | Muhammad Daulat Khan |
| Designation                    | UCPO                 |
| CNIC No.                       | 11201-0406434-9      |
| District/UC                    | Tajazai              |
| Leave application date         | 07-11-19             |

| 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 type="checkbox"/> Other                           |
| Number of Days Leave Applied for : 2                         |  |
| Leave start dat: 09-11-19                                    | Leave end date 11-11-19                                  |
| <u>OIC Name and designation:</u>                             |  |
|  |  |
| Employee signature: __Muhammad Daulat Khan                   | Date:07.11.019   |
| PEO endorsement: _____                                       | Date: _____  |
| PTL endorsement: _____<br>For more than Two weeks            | Date: _____  |
| CTC final approval: _____                                    | Date: _____  |

CTC Remarks, if any \_\_\_\_\_

**NOTE: Leaves during campaign days are NOT allowed**