

DR. FAZAL-E-RABI

FAZAL CLINIC

ڈاکٹر فضل رابی

MBBS, RMP

Member College of

Family Physician



PMDC #: 6657 -N

ایم بی بی ایس، آر ایم پی

ممبر کالج آف فیملی فزیشن

Name: فہاز خان Age: Sex: Date: 30-5-20

Clinical Record

Rx

Relapse

Entire fever

was better

MP: 18-18

M.T: 101.7 F

Adm 2

M. J. 21

Vaccinated

1. Enoxalod 400
فتم 3 بار کورس 121

2. Amoxicillin 0.5 (49)
121

3. Ciprolox 100 (20)
200 mg

4. cp. novatep 400 (20)
400 mg

5. Tab. Janglex. P (20)
100 mg

Administered Cephalexin

Bed Rest for one

week w. of 30-5-20

Dr. Fazal-e-Rabb

M.B.B.S, R.M.P.

Not Valid For Court

Address: Sikandar Pura Peshawar
Phone: 091-2567600

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Ahmed Faraz
Designation	UCPO
CNIC No.	21202-1344204-3
District/UC	Karamna/ khyber
Leave application date	01/06/2020

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 checked="" 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. 04	
Leave start date. 01/06/2020	Leave end date 04/06/2020
OIC Name and designation:	
Employee signature: <u>Ahmed Faraz Khan</u>	
Date: <u>01/06/2020</u>	
PEO endorsement: _____	
Date: _____	
PTL endorsement: _____	
Date: _____	
For more than Two weeks	
Date: _____	
CTC final approval: _____	
Date: _____	

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed