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

SECTION 1: APPLICANT'S DETAILS		
Employee Name	ISAD KHA	
Designation () C PO		
CNIC No. 16202-9438684-5		
District/UC SWAB! / MAIN!		
Leave application date $19-6-2020$		
19-6-2020		
SECTION 2: DETAILS OF LEAVE		
Reason of Leave Applied for (Tick in appropriate box)		
Hajj		Umrah/Ziarat
Chillah, Tableegh, Ehtikaf		Christmas, Diwali
Study/Exams		Maternity
Family Wedding		Self-Wedding
Immediate Family Death		Self-Sick Leave
Immediate Family-Sick Leave		Accident/Sickness-while at work
Accident/Sickness-while not at work		Emergency Leave
Vacations		Others
Number of Day's Leave Applied for OI		
Leave start date Leave end d		ve end date
OIC Name and designation:		
Employee signature:	Date: 20-6-20	
PEO endorsement: Do	Date:	
PTL endorsement: For more than Two weeks	Date:	
CIC final approval:		Date:

CTC Remarks, if any