

To

The Chip Training Consultant, Peshawar.

Subject:- **APPLICATION FOR MEDICAL LEAVE**

Respected Sir,

With great reverences it is stated that unfortunately I met an accident dated:24-06-2020, on my way while going back to home. I got compound fracture and still my left hand (wrest bone) is in plaster. The doctor recommends me 15 days rest on bed (Copy attached). The area, UC Muhammad Khawaja, I am serving is a hard area and I am unable to provide my services for a period. i.e. w.e.f 24-06-2020 till the date I get well.


You are therefore humbly requested to consider my application and grant me leave for the mentioned period above.

I shall be very highly grateful to you for this act of kindness.

Thanks!

Approved  

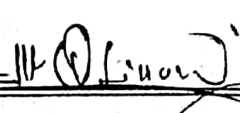
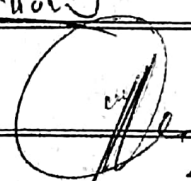

Dated: 01-07-2020

  
Mr. Hazrat Bilal  
Union Council Polio Officer  
UC Muhammad Khawaja,  
District Hangu.

# CHIP Training and Consulting (Pvt) Ltd

## LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Hazrat Bilal
Designation	UCPO
CNIC No.	14201 9099 830-5
District/UC	FANQP / MOHAMMAD KEWBA
Leave application date	01-07-2020

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 type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input checked="" 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	
Leave start date 01-07-2020	Leave end date 08-07-2020
OIC Name and designation:	
Employee signature: 	Date: 01-07-2020
PEO endorsement: 	Date: 1/7/20
PTL endorsement:	Date: _____
For more than Two weeks	Date: _____
CTC final approval:	Date: _____

OIC Remarks, if any \_\_\_\_\_

NOTE: Leaves during campaign days are NOT allowed