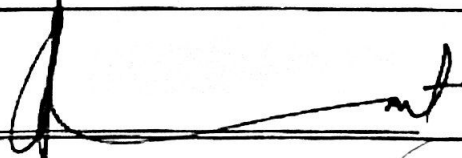
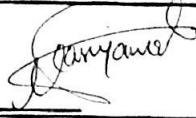


SECTION 1: APPLICANT'S DETAILS	
Employee Name	KIFAYATULLAH
Designation	UCPO
CNIC No.	14203-4985485-7
District/UC	KARAKI S.G. KHFL
Leave application date	19-08-2020

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 checked="" 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"/> Others
Number of Days Leave Applied for <u>03</u>	
Leave start date <u>20-08-2020</u>	Leave end date <u>22-08-2020</u>
<u>OIC Name and designation:</u>	
Employee signature: 	Date: <u>19-08-2020</u>
PEO endorsement: <u>Dr. Nasir Samad</u> 	Date: <u>19/08/2020</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

CHP Training and Consulting Pvt. Ltd.
LEAVE APPLICATION FORM (CLF) Project

SECTION 1 APPLICANT'S DETAILS

Employee Name: DAVID ULLAH
 Designation: DCFO
 CNR No: 14209-81055707
 District/UC: _____
 Leave application date: 24/08/2020

SECTION 2 DETAILS OF LEAVE

Reason of Leave Applied for (Tick on appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Hajj | <input type="checkbox"/> Unruh/Ziarat |
| <input type="checkbox"/> Chulbah, Tableegh, Ehtikal | <input type="checkbox"/> Christmas Break |
| <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 checked="" 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: 05 Days
 Leave start date: 24/08/2020 | Leave end date: 28/08/2020

OLC Name and designation

Employee signature: [Signature] Date: 23/08/2020

PTI endorsement: Dr. Nasir Samad Date: 24/08/2020

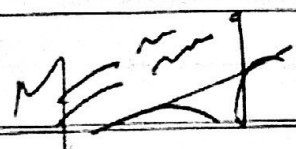
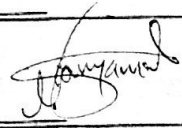
PTL endorsement: _____ Date: _____

For more than two weeks

TC final approval: _____ Date: _____

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Muhammad Mushtaq
Designation	UCPO
CNIC No	14201-5088475-7
Parent UC	UC, PTV, Karachi
Leave application date	24-8-2020 to 31-8-2020

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"/> Chilla/ Tableegh, Hinkat	<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 checked="" 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	
Leave start date 24-8-2020	Leave end date 31-8-2020
OIC Name and designation:	
Employee signature: 	Date: 24/8/2020
PEO endorsement: Dr. Nasir Samad 	Date: 24/08/2020
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