

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

UPPER  
Dr. Nazki SL  
07-09-2020

SECTION 1: APPLICANT'S DETAILS	
Employee Name	SOHAIL AHMAD
Designation	UCPO (UC POLIO OFFICER)
CNIC No.	17301-7242751-5
District/UC	HAYATABAD-1 PESHAWAR.
Leave application date	05-09-2020

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	
Leave start date 05-09-2020	Leave end date 05-09-2020
OIC Name and designation:	
SABA TAHIR (UCDO)	05-09-2020
Employee signature: _____	Date: 05-09-2020
PEO endorsement: _____	Date: _____
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

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

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



# ACCIDENT & EMERGENCY DEPARTMENT

MEDICAL TEACHING INSTITUTION PESHAWAR, KP

Serial # 507024

Hayatabad Medical Complex

Patient : EME00403513

SOHAIL AHMAD

31 Year( Male

Father \ Husband : -

Date : 04-SEP-20 20:36:53

Invoice # : K01202308825

Receipt # K01201032081

### Presenting Complaints

Diarrhea. 7-8 days  
Vomiting  
Fever.

### Past Medication History

No sig.  
7/4 B.P. 100/60  
+ Remile.

### Investigations

### Diagnosis

### Plan

R<sub>x</sub>

Refer to Pms & Jems.

Inf R/L 1000ml in Stat.

Inf Daset in 4mg Stat.

Inf Plagrel in 100ml in Stat.

Inf Ondil in 1g Stat.

Home tx.

Tab Entamoole D.S.

دیس ۱۵۵

Tab Metoclopramide

دیس ۱ + ۱ + ۱

Tab Paracetamol

دیس ۱ + ۱ + ۱

### Remarks

Reason For Referral

Stamp & Signature of prescribe