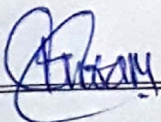


CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

| SECTION 1: APPLICANT'S DETAILS | |
|--------------------------------|-----------------------------|
| Employee Name | THRAN KHAN |
| Designation | Union Council Polio Officer |
| CNIC No. | 21201-4888189-3 |
| District/UC | ICHYBER / NOGAZI BABA |
| Leave application date | 14/10/2020 |

| 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 type="checkbox"/> Accident/Sickness-while not at work | <input type="checkbox"/> Emergency Leave |
| <input type="checkbox"/> Vacations | <input checked="" type="checkbox"/> Others |
| Number of Days Leave Applied for _____ | |
| Leave start date 15/10/2020 | Leave end date 15/10/2020 |
| OIC Name and designation: | |
| SHAH KHAN UCDO | |
| Employee signature:  | Date: 14/10/2020 |
| 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