

**SECTION 1: APPLICANT'S DETAILS**

Employee Name	Muhammad Ansari
Designation	UCPO
CNIC No.	71102-2852096-7
District/UC	Shigar UC Bardo
Leave application date	

**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"/>	

Number of Days Leave Applied for.

Leave start date. 24/12/20

Leave end date.

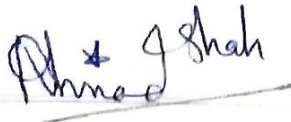
OIC Name and designation:

Employee signature:



Date:

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**

# CHIP Training and Consulting (Pvt) Ltd

## LEAVE APPLICATION FORM-PTPT Project

### SECTION 1: APPLICANT'S DETAILS

Employee Name	Muhammad Anwar
Designation	UCPO
CNIC No.	71102-2852096-7
District/UC	Shigar - UC Beraldo
Leave application date	

### SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick in appropriate box)


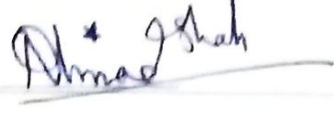
<input type="checkbox"/>	Hajj	<input type="checkbox"/>	Umrah/Ziarat
<input type="checkbox"/>	Chillah, Tableegh, Ehtikaf	<input type="checkbox"/>	Christmas, Diwali
<input type="checkbox"/>	Study/Exams	<input type="checkbox"/>	Maternity
<input type="checkbox"/>	Family Wedding	<input type="checkbox"/>	Self-Wedding
<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"/>	

Number of Days Leave Applied for: \_\_\_\_\_

Leave start date: 21-12-2020

Leave end date: \_\_\_\_\_

OIC Name and designation: \_\_\_\_\_

Employee signature: 	Date: _____
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**