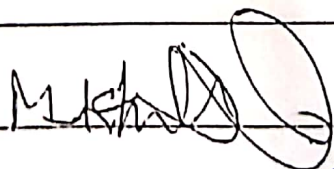


SECTION 1: APPLICANT'S DETAILS	
Employee Name	Muhammad Khalid
Designation	UCTO
CNIC No.	14301-3703087-7
District/UC	Kohat / Nasrat khel
Leave application date	18/01/2021

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 type="checkbox"/> Others
Number of Days Leave Applied for: 1	
Start Leave date: 19/01/2021	Leave End date: 19/01/2021
IO Name and designation: Dr. Robail Bella Immunization Officer (WHO)	
Employee signature: 	Date: 18/01/2021
PEO endorsement: <i>Approved for 1 day Robail</i>	Date: 18/01/2021
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____