

To,

Registrar,
Liaquat University of Medical &
Health Sciences, Jamshoro.

SUBJECT: APPLICATION FOR EX-PAKISTAN LEAVE.

NAME: (IN BLOCK LETTERS): -----

DESIGNATION: ----- BPS -----

PLACE OF POSTING: -----

REQUIRED EX-PAKISTAN LEAVE; From ----- To -----(----- Days)

PURPOSE OF LEAVE: -----

PASSPORT NO: ----- ISSUED ON ----- VALID UP TO -----

COUNTRY OF ISSUE -----

COUNTRY/COUNTRIES TO BE VISITED: -----

Details of Ex-Pakistan Leave(s) already availed during last 12 months.

S.No.	Country Visited	Date of Proceeding			Purpose	Office Order # / Date
		From	To	Days		

(Attach separate sheet if necessary)

DATED: -----

Name / Signature of Applicant
Designation / Department

REMARKS OF THE INCHARGE/HEAD OF THE DEPARTMENT

Recommended/Not Recommended: -----



Signature: -----

Name: ----- Date: -----

REMARKS OF THE CHAIRPERSON/CHAIRMAN OF THE DEPARTMENT

Nomination to look-after the duties during leave: -----

Recommended with Justification/Not Recommended: -----



Signature: -----

Name: ----- Date: -----

REMARKS OF THE CONCERNED DEAN

Recommended with Justification/Not Recommended: -----



Signature: -----

Name: ----- Date: -----

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO.

LEAVE PROFORMA

INFORMATION CONCERNING PROPOSAL OF PARTICIPATION IN INTERNATIONAL CONFERENCE/ SYMPOSIUM/ DEPUTATION TRAINING/MEETING/PRIVATE AFFAIRS ETC.

1. NAME: _____
2. Qualification _____ 3. Post Held _____
- 4 Nature of appointment: (Regular/Temporary/ Adhoc) _____
- 5 Date of Regular appointment in present post _____
6. Date of Birth _____ 7. Date of superannuation i.e.60 yrs _____
- 8 Position of categorization of the proposal _____
- 9 What benefits (Political, Economical, Technical education etc) are to be achieved _____
- 10 Number of participations, if any, made by the nominee in the last five years _____
- 11 Whether previous similar Conferences/ Symposium/ Studies/ Training/ Meeting etc attended and if so when, by whom? _____
- 12 Whether by providing a suitable brief, the meeting can be attended by personal in our Diplomatic Missions abroad? _____
- 13 Whether expenditure is involved in foreign exchange and in local currency and if so how it is proposed to be met? _____
- 14 If part of the travel expenses and/ or local hospitality are being provided by the foreign sponsors, the expenditure if any, to be borne by the Government/University towards payment of difference of Daily Allowance, etc. _____
- 15 Please indicate where the individual had gone abroad last and for what purpose? _____
- 16 Arrangements of teaching during absence _____
- 17 Nature of leave applied/absence and how it is be treated _____
- 18 In case of Ex-Pakistan leave, who will bear the expenditure, indicate the source of income. _____

SIGNATURE
DESIGNATION
DEPARTMENT

Certified that the above information is correct.

REGISTRAR
*LIAQUAT UNIVERSITY OF MEDICAL
& HEALTH SCIENCES, JAMSHORO.*

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES

UNDERTAKING

I _____ (Name)

S/O, W/O _____

_____ (Designation & Department) do

hereby give under taking that I will not make request for extension in Ex-Pakistan Leave and will not claim salary in Foreign Currency.

Signature _____

Countersigned by the Chairman/ Dean

Name: -----

Dated: -----

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES

UNDERTAKING

In compliance to the decision of Syndicate of LUMHS, Jamshoro, vide it Resolution No. Syn-27.6(b) dated 14-05-2011, I _____ (Name)

S/O, D/O, W/O _____ (Father's/Husband's Name)

_____ (Designation & Department)

do hereby Under Take that in case, on my own request, if I am allowed leave for eleven (11) months or more, I will not request to cancel the remaining period of sanctioned leave and University may announce the post on leave vacancy/locum and fill the post during my leave period on contract basis.

Signature _____

Name _____

Designation _____

Countersigned by the Chairman/ Dean/Head

Name: -----

Dated: -----

PROFORMA

QUERIES FOR SECURITY CLEARANCE

1. Name/ Caste _____
2. Father's Name _____
3. Husband Name _____ 4. Religion _____
5. Place of Birth _____ 6. Date of Birth _____
7. Education acquired with institutions _____
8. Date of Joining Government Service _____
9. Date of holding present position _____
10. Whether tried/ convicted in any court? _____
11. Whether facing any case/ disciplinary enquiry? _____
12. Details of past visits abroad

Countries visited	Purpose	Duration	Financed by
		From: To: _____ Days	

13. Details of proposed visits abroad

Countries to be visited	Date of proceeding	Purpose	Duration	Finance by
	From: To: _____ Days			

DEPONENT

14. Remarks/ Recommendation of Head of Department.

Signature Head of Department: -----

Name: -----

Dated: -----

PERSONAL INFORMATION

(To be filled in own handwriting in capital letters)

REGULAR CONTRACT TENURE BPS: _____

Photograph

Please Paste copy of Front Side of CNIC

Please Paste copy of Back Side of CNIC

01. NAME:
02. S/O, D/O, W/O: SURNAME:
03. DESIGNATION: PLACE OF POSTING:
04. DATE OF BIRTH AS PER
MATRIC CERTIFICATE: BLOOD GROUP:
05. CNIC NO. DOMICILE:
06. QUALIFICATIONS:
07. DATE OF 1ST ENTRY IN SERVICE (Contract/Regular):
08. DATE OF APPOINTMENT AT LUMHS: DATE OF PRESENT POST
09. PMDC REGISTRATION NO: Valid up to
10. PASSPORT NO: Country of issue Valid upto
11. QUALIFICATION REGISTERED
WITH PMDC:
12. PRESENT ADDRESS:
13. IDENTIFICATION MARKS: i) ii)
14. E-MAIL: (i) (ii)
15. PHONE # With Area Code. (i) (ii)
- Mobile # (ii)
16. IN CASE OF EMERGENCY;
CONTACT PERSON: (Name)
- (a) Address
- (b) Phone # Mobile #

DATED:.....

SIGNATURE

Kindly attach one attested color copy of CNIC, copy of 1st 2nd 3rd & 4th pages (mentioning Government Officer) of Passport, and two passport size photographs and invitation (if attend conference, workshop, seminar etc)