

To,

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

**SUBJECT: APPLICATION TO APPLY FOR EX-PAKISTAN LEAVE TO VISIT SAUDI ARABIA TO PERFORM HAJJ / UMRAH.**

NAME: (IN BLOCK LETTERS): \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ BPS \_\_\_\_\_

PLACE OF POSTING: \_\_\_\_\_

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

PURPOSE OF LEAVE: **HAJJ / UMRAH SAUDI ARABIA**

MY ROUTINE DUTY WILL BE LOOKED AFTER BY \_\_\_\_\_

**I hereby submit that I have previously availed following leaves to perform Umrah / Hajj during my entire Government/University service**

S.No.	Date of Proceeding			Purpose	Office Order # / Date
	From	To	Days		
				Hajj / Umrah	
				Hajj / Umrah	
				Hajj / Umrah	
				Hajj / Umrah	

(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 & Designation \_\_\_\_\_ Dated \_\_\_\_\_

REMARKS OF THE CHAIRPERSON/CHAIRMAN OF THE DEPARTMENT

Recommended / Not Recommended \_\_\_\_\_



Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

REMARKS OF THE DEAN, FACULTY OF \_\_\_\_\_

NOMINATION TO LOOK-AFTER THE DUTIES DURING LEAVE: \_\_\_\_\_

Recommended / Not Recommended \_\_\_\_\_



Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

# PERSONAL INFORMATION

(To be filled in own handwriting in capital letters)

REGULAR  CONTRACT  ON DEPUTATION

BPS: \_\_\_\_\_

Photograph

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. NIC NO. \_\_\_\_\_ DOMICILE: \_\_\_\_\_

06. QUALIFICATIONS: \_\_\_\_\_

07. PRESENT ADDRESS: \_\_\_\_\_

08. IDENTIFICATION MARKS: i) \_\_\_\_\_ ii) \_\_\_\_\_

09. E-MAIL: (i) \_\_\_\_\_ (ii) \_\_\_\_\_

10. PHONE # With Area Code. (i) \_\_\_\_\_ (ii) \_\_\_\_\_

Mobile # \_\_\_\_\_ (ii) \_\_\_\_\_

11. IN CASE OF EMERGENCY;  
CONTACT PERSON: (Name) \_\_\_\_\_

(a) Address \_\_\_\_\_

(b) Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

DATED \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE*

Kindly attach attested copy of CNIC, copy of 1<sup>st</sup> & 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> pages (mentioning Government Officer) of Passport, and two passport size photographs.