

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

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	

(Attach separate sheet if necessary)

DATED: -----

Name / Signature of Applicant
Designation / Department

REMARKS OF THE INCHARGE/HEAD OF THE DEPARTMENT

Recommended/Not Recommended: -----

Official seal

Signature: -----

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

REMARKS OF THE CHAIRPERSON/CHAIRMAN OF THE DEPARTMENT

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

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

Official seal

Signature: -----

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

REMARKS OF THE CONCERNED DEAN

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

Official seal

Signature: -----

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

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES

UNDERTAKING

I _____ (Name)

S/O, D/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 TENURE

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. CNIC NO. DOMICILE:

06. QUALIFICATIONS: PASSPORT NO.

07. PRESENT ADDRESS:

08. IDENTIFICATION MARKS: i) ii)

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

10. Mobile # (i) (ii)

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

(a) Address

(b) Phone # Mobile #

DATED:

SIGNATURE

Kindly attach attested copy of CNIC and two passport size photographs and copies of 1st, 2nd, 3rd & 4th page of passport (mentioning government officer)