

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.	<u>Date of Proceeding</u>			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 _____

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 NIC and two passport size photographs.