

GOVERNMENT OF PAKISTAN CHIEF COMMISSIONER INLAND REVENUE TAX HOUSE II, KARAHI



LEAVE APPLICATION FORM

Date 9.7 01 2025

Name: M. Ayay N	Λ.	Nature of Leave					
Leave Rules Applicable Yes	0 0					_	
Designation/ Post held			Cas	sual	Maternity		
Zone/Unit: CCIR			Medical Ex-Pakista				
Leave Required From 13/01/2025			L.F.P Earned				
No. of Days		Others					
Purpose of leave Cousin wedding Address during Leave, Faislabad				Please specify			
Address during Leave, Faislabad					MU	<u> </u>	
Contact No. 0330 - 8589566				Lak J			
Contact No. 0550 050	1300			Si	ignature of	the Applican	
RECOMMENDED BY APPROVED B				Y			
Designation Remarks Chief Commissioner's	Desi Rem	Name Designation RemarksADDITIONAL COMMISSIONER-IR (HQs)					
Regional Tax Office-	Date	Dated ADDITIONAL COMMISSIONER-IR (HQs) REGIONAL TAX OFFICE-II KARACHI					
		Signature					
	FOR C	CCIR/CIR	OFFICE				
CASUAL		MATERNITY			MEDICAL		
Total Availed Balance	e Total	Availed	Balance	Total	Availed	Balance	
Ex-PAKISTAN	, T 1	F.P		EARNED			
Total Availed Balance	Marine Committee of the	All the second of the second o		Total	Availed	Balance	
DJ							
Dated Recorded in Personal File of Employee				Signature			