

| Employee Inform | nation | | | | | | | | |
|------------------|----------|-------------|---------------------|-------|--------|---------|-------------------|-----|-------------|
| Employee No: | 1605 | | Employee Name: | KHA | YER | Passpor | t / NIC No: | A16 | 711290 |
| Designation: | MASON S | TUCCO | Department: | Proje | ects 🌷 | Nationa | lity: | BAN | NGLADESHI |
| Work Permit Expi | ry Date: | 23-Jun-2025 | Passport/NIC Exp. E | ate: | 22-00 | t-2034 | Visa Expiry Date: | | 04-Dec-2026 |

Leave Details

| Leave Type | Annual Leave | Start Date | 11-Apr-2025 | End Date | 02-Sep-2025 |
|------------|--------------|---------------|-------------|-------------|--------------|
| Total Days | 120 | Leave Balance | 0 Days | Destination | MALE - DHAKA |

Previous Leave Records

05/02/2021 - 15/04/2021

Contact Details While on Leave

| en minimulation and a second | | | | | V |
|------------------------------|---------|------------------|-------------|-------|-----|
| Mobile | 7567366 | WhatsApp / Viber | 01788492169 | Email | X@c |

WORK HANDOVER TO:

Project:

| Pending Works | Status | Action Needed | Due date | Hand Over by | Take Over by |
|---------------|--------|---------------|---|--------------|--------------|
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| | | | *************************************** | | |

Prepared and checked by

| Name | Signature |
|-----------------------|-----------|
| Abdulla Miuwan Rafeeq | |

Approvals & Signatures

| Requested By (Employee) | Approved By (HOD) | Approved By (HRM) | Approved By (Project Director) | Approved By (MD/Chairman) |
|-------------------------|-------------------|-------------------|-----------------------------------|---------------------------|
| Kills | M 31/03/25 | Out /4/2025 | PL | |

ডা. মো. বেলাল হোসেন

এমবিবিএস, এমডি (কার্ডিবলজি) মেডিসিল ও হাদরোগ বিশেষক সহযোগী অধ্যাপক ও বিভাগীর প্রমান (কার্ডিবলজী) সেন্ট্রাল মেডিকেল কলেজ ও হাসপাতাল, কুমিয়া (রেজি: এ ১৯৪২৫

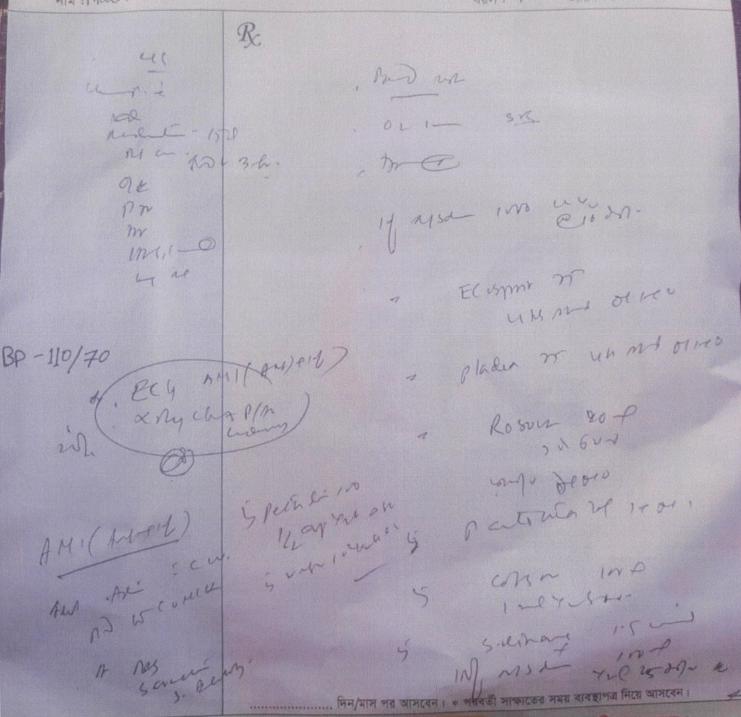


Dr. Md. Belal Hossain

Associate Professor & Head of Dept. (Carcillogy)
Central Medical College & Hospital Cumilia.
Reg. No.: A-19425

माम : Matin mid

नसम : 70 छातिच : 30-03-25



চেমারঃ কুমিল্লা মেডিকেল সেন্টার (প্রাঃ) লিঃ

রুম নামার-৩২৭ (৩য় তলা) লাকসাম রোড, কুমিল্লা। कृषिचा छोखरात

সিরিয়ালের জন্যঃ 01787-340728

রোগী দেখার সময় ঃ বিকাল ৪টা-রাত ৮টা পর্যন্ত। শুক্রবার বন্ধ

