



**M . M . ISPAHANI LIMITED**

Ispahani Building (2<sup>nd</sup> Floor)

14 – 15 Motijheel C/ A

Dhaka – 1000

**LEAVE APPLICATION FORM**

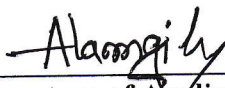
**Dated:** 14.01.21

**Name:** Muhammad Alamgir Hossen      **Designation:** Executive      **Dept:** Accounts & Finance.

**Type of Leave PL/CL/ML from** 12.01.21      **To** 13.01.21      **Total** 2      **Days**

**Purpose of Leave-**      Medical Leave

**Address during Leave period-**      Konabari, Gazipur.

  
\_\_\_\_\_  
**Signature of Applicant**

He / She has got at his / her credit \_\_\_\_\_ days CL, PL, ML as son \_\_\_\_\_

\_\_\_\_\_  
**Signature of HRD**

**Recommendation of Supervisor** \_\_\_\_\_

**Recommendation Head of the Department** \_\_\_\_\_

**Approved by the authority** \_\_\_\_\_

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**Dated :** .....

**Mr / Mrs** \_\_\_\_\_

**You are granted** \_\_\_\_\_ **days PL / CL/, ML with pay / without pay with effect from**

**To** \_\_\_\_\_ **Total** \_\_\_\_\_ **day.**

\_\_\_\_\_  
**Signature of Authority**