NURSING COLLEGE HITEC IMS TAXILA

STUDENT LEAVE APPLICATION FORM

Student Name: _____

Father's Name: _____

Roll No. / Registration No: _____

Semester / Year: _____

Batch: _____

Contact Number: _____

Hostel / Home Address: _____

Type of Leave:

☐ Sick Leave ☐ Casual Leave ☐ Emergency Leave ☐ Other: _____

Leave From: _____ **Leave To:** _____

Total No. of Days: _____

Reason for Leave:

_____

Address / Contact During Leave: _____

Supporting Document Attached (if any): ☐ Yes ☐ No

Student's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Class Coordinator **Vice Principal**

_____ _____

Signature & Date Signature & Date

Remarks: _____