



Rawalpindi Medical University/Allied Hospitals, Rawalpindi

Student Leave Form

Name of Student _____ Year _____ Roll No. _____

Session _____ Student Cell No _____ Father Cell No _____

Home Landline _____ Student Email _____

Address _____

City _____ Province _____

Leave Applied: Sick/Casual/Crisis/Supplementary _____

Reason _____

Period From _____ to _____ No of Days _____

Dated D/M/Y _____ Signature of Applicant _____

Attached Documents Detail:

1. _____ 2. _____

3. _____ 4. _____

Leave Recommended/ Not Recommended

Head of the Departments (HODs)

Department of Medical Education

Sanctioned / Not Sanctioned

Vice Chancellor