

## SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL & DENTAL COLLEGE LAHORE

## **APPLICATION FOR LEAVE**

To,			
The Principal			
SKZMDC			
I, Mr. /Miss		S/O, D/O	
Student of MBBS	Year	Session	Roll No
Leave Required		From	То
Reason			
Signature of Student:			
REGISTRAR		APPROVED/NOT APPROVED	

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Email: info@skzmdc.edu.pk

University Avenue, New Muslim Town, Lahore-54600, Pakistan.