



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 _____ To _____

Reason _____

Signature of Student: _____

REGISTRAR

APPROVED/NOT APPROVED