

MARGALLA INSTITUTE OF HEALTH SCIENCES
LEAVE APPLICATION

I want to go on leave from the hostel. The leave particulars are given below:

Date of leave application _____

Duration of leave _____

Exact timing of leaving hostel _____

Exact timing of arriving back _____

Leave address _____

Telephone No's. _____

Person accompanying (In case of girls) _____

Relation with the student (In case of girls) _____

Signature of Student _____

Signature of Warden _____

Counter signature of Provost _____