

Akhuwat Faisalabad Institute of Research Science & Technology

Leave Application Form

Name: _____

Father's Name: _____

Roll #: _____

Class and Session: _____

Reason for Leave: _____

No. of Days for Leave: _____

From _____ to _____

Date: _____

Signature of Applicant

Verified by Hostel Warden (Remarks) _____

Signature of Warden

Previous---

Deputy Director Academics

Present----

Balance-----

Director

Office Clerk

Akhuwat Faisalabad Institute of Research Science & Technology

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