

**AL- ALEEM MEDICAL COLLEGE, Lahore**  
**Student's Leave Application Form**

Name: \_\_\_\_\_ D/O, S/O: \_\_\_\_\_

Roll No: \_\_\_\_\_

Contact # \_\_\_\_\_

Class/Session: \_\_\_\_\_

Leave Applied From \_\_\_\_\_ To \_\_\_\_\_

Total Days: \_\_\_\_\_

Reason of Leave:

\_\_\_\_\_

\_\_\_\_\_

Verified by Guardian/ Parents: \_\_\_\_\_

Medical Certificate: Yes  No

Other Evidence: If any, kindly attach alongwith.

Signature of Guardian/ Parents: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Accepted:  Rejected:

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HOD of Anatomy

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HOD of Physiology

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HOD of Biochemistry