



# Akhuwat Faisalabad Institute of Research Science and Technology

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## Leave Application Form

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Class and Session: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

No. of Days for Leave: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant

Program Coordinator

Previous---

Present-----

Balance-----

Head of Academics

Office Clerk