

**QUAID-E-AZAM PUBLIC COLLEGE GUJRANWALA**

**STUDENTS LEAVE APPLICATION**

Student Name: \_\_\_\_\_ Class & Section \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_

Contact #. \_\_\_\_\_ Leave from \_\_\_\_\_ To \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Father / Guardian Signature

Dated: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved / Not Approved: \_\_\_\_\_

Headmaster / Headmistress