



FATIMA MEMORIAL SYSTEM

Date: _____

Student Leave Application Form

MBBS

BDS

IAHS

SWCON

Name: _____ Class: _____ Roll No. _____

Discipline : _____

Leave Applied From: _____ To: _____ Timing From: _____ To: _____

(In case of short leave only)

Reason (s) for leave: _____
(Attach necessary documents) _____

FOR OFFICE USE ONLY

| Sr # | Subjects | Subject Incharge Name | Subject Incharge Signature | Date |
|------|----------|-----------------------|----------------------------|------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

Principal / Director Comments

Signature & Date: _____