



DOW UNIVERSITY OF HEALTH SCIENCES KARACHI
SCHOOL OF POSTGRADUATE STUDIES

POSTGRADUATE TRAINEE LEAVE APPLICATION FORM

Student ID: _____

Parent Ward Name: _____

PG Name: _____

S/o. D/o. _____

Program Name: _____

Specialty: _____

Date of First Joining: _____

Current Study Year: _____

Total Leave Allowed: 15 Days / 06 Months Session.

Leave Availed in Current Session: _____

Leave Balance: _____

No. of Days _____

Period of Leave From: _____

To: _____

Reason for Leave: _____

Date: _____

Mobile: _____

Applicant Signature

Remarks by Supervisor / Director / HOD

Date: _____

Signature with stamp: _____

Remarks by Principal / Director / Deputy Director

- Recommended
- Not Recommended

No. of Days: _____

Signature: _____

Date: _____

NOTE: Incomplete & missing information in the form will not be entertained and mark as absent.