



RAI MEDICAL COLLEGE SARGODHA

Student Application for Leaving Hostel

Male/Female

DATE DAY TIME AM/PM

Name:

Father name :

CNIC:

Contact:

Father Contact :

Class:

Roll No :

ADDRESS: _____

REASON FOR Leave: _____

APPROVE : YES NO

REMARKS BY HOSTEL WARDEN: _____

NAME HOSTEL INCHARGE : _____

STAMP & SIGNATURE:

