



NATIONAL COLLEGE Of Technology Sargodha

Leave Performa

Name of Student: _____

Father Name: _____

Father / Guardian cell No: _____

Roll No: _____

Time Slot: _____

Class: _____

Type of Leave Short Leave ☐ Full Leave ☐

No of Leave Required: _____

Leave Require On Date: _____ From _____ To: _____

State Valid Reason:

Pervious Aailed Leave Date: _____

Signature of Student: _____

OFFICE USE

Class Incharge

Admin Officer