

INTERN'S LEAVE FORM

Ref. No. _____

Date: ___/___/___

Name of Intern: _____

University ID: _____

Name of Training Center: _____

Leave applied for _____ days (From _____ To _____)

Purpose of Leave:

- Rotation Leave
- Sick Leave*
- Casual Leave

(For Office Use Only)

- Approved
- Not Approved

Leave sanctioned for _____ days (From _____ To _____)

Signature

Signature

Head of the Interns Affairs Unit

Training Supervisor

Stamp

**Please attach the medical certificate*