



University of Technology, Nowshera

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LEAVE FORM

Name: _____ Designation: _____

Department / Section _____

Leave/s required from _____ to _____ Days _____

Leave Reason _____

Mobile No. while on leave _____

Date _____ Signature of Applicant: _____

Head of Department / Section _____

Name _____

Remarks _____

Date _____ Signature: _____

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Application received on _____

Remarks _____

Approved AR (Estb)

Name: _____ Signature: _____ Date: _____