



APPLICATION FOR LEAVE FROM HOSTEL ON DECLARED HOLIDAY

(A) Student particulars

Name		Department	
Class		Roll No.	
Hostel Name (Girls/Boys)		Hostel Block (I,II,III)	
Room No		Student Phone No.	

(B) Parent to be informed by the Deputy Warden and particulars to be filled by him/her

Name of Parent		Phone No.	
Informed parent on		Informed Time	AM/PM
Leave period	From:	To:	No. of days:
Reason for Leave			
Address during the leave			
Emergency Contact Person	Name:	Phone:	
Proposed Date& Day of Departure		Proposed time of departure	AM/PM
Proposed date of arrival back		Proposed time of arrival back	
Signature of Student		Date	
Deputy Warden's Recommendation/ Remarks			
Name of the Deputy Warden		Signature of Deputy Warden with Date	

(C) Gate Pass:

Approval of Associate Warden	YES	NO	Remarks:	Signature of Associate Warden with Date & Seal	
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