

## HOSTEL DAY/NIGHT OUT LEAVE FORM

Date:

Name of student:

Batch :

Semester :

Roll no :

Hostel (Boys/Girls) :

Room no:

Student contact no :

Parents' contact no :

Reason for leaving hostel :

Date / Time of departure:

Date / Time of arrival:

Contact address :  
during leave period

**Student signature**

**Hostel warden signature**

**Permitted / Not permitted**

**Director /Chief warden  
Signature with stamp**



**SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL**

## HOSTEL GATE PASS

Name of student:

Batch :

Semester :

Roll no :

Hostel (Boys/Girls) :

Room no:

Date / Time of departure:

Date / Time of arrival:

**Student signature**

**Hostel warden signature**

**Permitted / Not permitted**

**Director/ Chief warden  
Signature with stamp**