

An Autonomous Institution Kalitheerthalkuppam, Puducherry - 605 107

HOSTEL DAY/NIGHT OUT LEAVE FORM

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Name	ΩŤ	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



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