



Date: __/__/____

LEAVE APPLICATION FORM (HOSTELLERS)

To,
The HOD,
Department of

Subject: Application for leaving hostel on account of holiday/sickness.

Sir,

With reference to above subject I would like to leave hostel from (date) at (time).....
am/pm to (date) for Days on account of.....

You are requested to permit me for the same.

Thanking you,

Yours faithfully,

Signature of Student

Name : Enrollment no. Mob:

Fathers Name Mob:

Discussed with parents on mobile no. and verified the reasons.

Name & Signature Sof T.G.

.....

Permitted/Not Permitted

Signature of HOD

Note: Copy of application should be submitted to Hostel Warden and original copy to class coordinator.