



**ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI**  
**TIRUNELVELI – 627 007**

**HOSTEL OUTPASS APPLICATION**

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**Thamirabharani Girls Hostel / Pothigai Boys Hostel** (Tick appropriate)

Name:

Room No:

Reg.No:

Degree / Branch / Semester:

**OUTING DETAILS** (*Maximum Duration: 3 hours*)

- Outing Date/Day:
- Leaving Time: Reporting Time:
- Duration: Total No. of Outing :
- Purpose:

**INFORMED To** (*Parent / Gaurdian details*)

Contact Person:

Relationship:

Phone:

I declare that the above information filled by me in this application is true to the best of my knowledge and belief. Further, I have informed my parents/guardian about the outing and I take full responsibility for my safe return to the hostel.

Date:

Signature of the Applicant

**Deputy Warden**

**Executive Warden**

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**Office Use Only**

Leaving Time

Reporting Time

Verified By

Signature with Date

Remarks (if any)