



ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI
TIRUNELVELI – 627 007

HOSTEL LEAVE APPLICATION [During Weekend]

Thamirabharani Girls Hostel / Pothigai Boys Hostel (Tick appropriate)

Name: _____ Room No: _____

Reg.No: _____ Degree / Branch / Semester: _____

LEAVE PARTICULARS

From ___ / ___ / _____ To ___ / ___ / _____

Leaving Time: _____ Reporting Time: _____

No. of Days: _____

Leave Address: _____

INFORMED To (Parent / Gaurdian details)

Contact Person: _____ Relationship: _____ Phone: _____

TRAVEL DETAILS:

Signature of Applicant

Signature of Parent / Guardian

Deputy Warden

Executive Warden

Office Use Only

Leaving Time _____ Reporting Time _____

Verified By _____ Signature with Date _____

Remarks (if any)