



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

**HOSTEL LEAVE APPLICATION** [ *During Working Day*]

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**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:

Purpose of Leave:

Leave Address:

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

Contact Person:

Relationship:

Phone:

**Signature of Applicant**

**Signature of Parent / Guardian**

**Recommended by Class Advisor**

**Sanctioned by HoD**

**Deputy Warden**

**Executive Warden**

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**Office Use Only**

Leaving Time

Reporting Time

Verified By

Signature with Date

Remarks (if any)