



ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI
TIRUNELVELI – 627 007

HOSTEL LEAVE APPLICATION [*During Working Hours - Academic*]

Thamirabharani Girls Hostel / Pothigai Boys Hostel (Tick appropriate)

Name: _____ Room No: _____

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

LEAVE PARTICULARS (*Attach any other relevant documents, if any*)

Date/Day: _____ Forenoon/Afternoon (*tick appropriate*)

Leaving Time: _____

Purpose for availing permission: _____

Informed to (Parent/ Guardian)

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. I will return before the end of working hours (5 pm) to the hostel.

Date: _____ **Signature of the Applicant** _____

Signature of Faculty in-charge
(Project Coordinator/Supervisor)

Recommended by Class Advisor

Sanctioned by HoD

Deputy Warden

Executive Warden

Office Use Only

Reporting Time _____

Verified By _____

Signature with Date _____

Remarks (if any) _____