SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY
Pachapalayam, Perur Chettipalayam, Coimbatore -641 010
Phone: 0422-2605577 E-mail: principal@srit.org

APPLICATION FOR LEAVE FROM HOSTEL ON WORKING DAY
(to be submitted to Tutor and collected back from him after approval)

(A) ACADEMIC WING (PIC. Tutor)

Name of Student		Department	
Class		Roll No.	

Leave period	From:	To:	No. of Days:

Reason for Leave (pls. specify reason):	

No. of days classes will be missed:	*No. of Lectures/ Lab missed:

*Mention the Subjects:

Leave taken earlier during the semester & percentage of attendance till date	

Student Mobile No.		Parent Mobile No.	
Signature of the Student		Date	

Tutor's Recommendation/ Remarks	
Name of the Tutor		Signature of the Tutor with Date	

(B) HOSTEL WING (PIC. Deputy Warden)
Parent to be informed by the Deputy Warden and particulars to be filled by him/her

Name of Parent		Phone No.	
Informed parent on		Informed Time	AM/PM
Address during the leave			
Emergency Contact Person	Name:	Phone:	
Proposed Date& Day of Departure		Proposed time of departure	AM/PM
Mode of Transport	From Campus to City:	From City to Destination:	
Proposed date of arrival back		Proposed time of arrival back	
Deputy Warden's Recommendation/ Remarks			
Name of Deputy Warden		Signature of Deputy Warden with Date	

(C) GATE PASS ISSUE:

Approval of Associate Warden	YES	NO	Remarks:	Signature of Associate Warden with Date & Seal	