

HOSTEL STUDENTS GATE PASS

Name of the Student. :
Course of Study :
Hostel &Room no :
Date of Journey :
Tentative Date of leaving the Campus-----Time-----
Tentative Date of Returning -----Time-----
Reason for going Out/Leave :

Destination :
Contact No/Mobile no :
Address proceeding to :

Signature of Asst. Caretaker/Hostel warden

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