



Request for Special permission for late staying by students of Hall of Residents

Name of Student _____ Roll No. _____
Program _____ Resident of Hall _____
Room No. _____ Mobile No. _____

Parent's Details

Parent's Name _____ Mobile No. _____
Address _____

Duration and timing for which permission is requested (Permission is granted only within the Institute Campus):

Date from _____ to _____ Timing up to _____ am/pm.

Purpose:- _____

Signature of applicant with date

Recommend by (Any one):- _____

I recommend his/her name for special permission for late staying out side hostel during above mentioned timing. Conducted o of the student will be observed by the under-signed.

**1. Thesis supervisor / Head of Department
(Name & Signature)**

**2. Counselor / Faculty In-charge
(Name & Signature)**

**3. Parents/Local Guardian
(Name & Signature)**

Office Use only

Permitted / Not Permitted _____

Signature of Caretaker _____

Signature of Warden/Associate Warden _____