



Shree Saptashrungi Ayurved Mahavidyalaya & Hospital

Application form for "Night Out" - Hostel

Date of Application :-

Room No :-

Night Out Nos.:-

In Current Month :-

To,

The Rector / Warden,

Respected Madam,

I _____ request you to grant a "Night

Out" permission to me for _____ night's from / / to / /

Reason for Night Out : _____

I will be staying at the following address during the above said period. I will be returning to the hostel on / /

Thanking you.

Yours Faithfully

Name & Address (Guardian):

Signature of Student

Contact No: _____

Permitted by

Relation: _____

This is to inform you that Kum./ Smt. _____ stayed here from / / to / /

Signature of the LG / Parent



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