

SRM VEC HOSTELSLEAVE APPLICATION FORM



Student Copy

| Name of the Student | : Room No: | | | | |
|--|---|----------------------------|------------------------------|---------------------|--|
| Institution Name | : SRMU / VEC / SRMCP / SRMAS / SRMS&H / SRMPT / VPT | | | | |
| Course | : Branch: | | | | |
| No of Days | : | From: | To: | | |
| Purpose for Applying I | Leave: | | | | |
| Place of Visit & Conta | ct Name with full addr | ess: | | | |
| | | | | | |
| | | | | | |
| Phone / Mobile | | Relationship: | | | |
| Mode of Travel | : TRAIN / BUS / FLIGHT / CAR / TWO WHEELER | | | | |
| ate & Time of Outgoing: Date & Time of Incoming: | | | | | |
| I hereby declare and my on own | | ostel duly informing t | the above facts with the cor | sent of my parents | |
| Signature of Dy W | 'arden / SRO | | Signature of the Student | | |
| SRM | _ | M VEC HOSTE APPLICATION | _ | SRM SRM | |
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