



ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI
TIRUNELVELI – 627 007

GIRLS HOSTEL OUTPASS APPLICATION

Name:

Room No:

Reg.No:

Degree / Branch / Semester:

OUTING DETAILS (*Maximum Duration: 3 hours*)

- Outing Date/Day:
- Leaving Time: Reporting Time:
- Duration: Total No. of Outing :
- Purpose:

INFORMED To (*Parent / Gaurdian details*)

Contact Person:

Relationship:

Phone:

I declare that the above information filled by me in this application is true to the best of my knowledge and belief. Further, I have informed my parents/guardian about the outing and I take full responsibility for my safe return to the hostel.

Date:

Signature of the Applicant

Deputy Warden

Office Use Only

Leaving Time

Reporting Time

Verified By

Signature with Date

Remarks (if any)