



**ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI**  
**TIRUNELVELI – 627 007**

**GIRLS HOSTEL LEAVE APPLICATION** [ *During Weekend*]

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Name:

Room No:

Reg.No:

Degree / Branch / Semester:

**LEAVE PARTICULARS**

From \_\_\_ / \_\_\_ / \_\_\_\_\_

To \_\_\_ / \_\_\_ / \_\_\_\_\_

Leaving Time:

Reporting Time:

No. of Days:

Leave Address:

**INFORMED To (Parent / Gaurdian details)**

Contact Person:

Relationship:

Phone:

**TRAVEL DETAILS:**

**Signature of Applicant**

**Signature of Parent / Guardian**

**Deputy Warden**

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**Office Use Only**

Leaving Time

Reporting Time

Verified By

Signature with Date

Remarks (if any)