



AKAL UNIVERSITY

Talwandi Sabo, Distt. Bathinda (Punjab)

Hostel Leave Form

1. Name of Student:
2. Roll No: Hostel (Boys/Girls):.....
3. Room No : Department:
4. Student Contact Number:
5. Parents Contact No:.....
6. Type of Leave: (Request from Parents/Weekend/Holiday/Vacation/Any Other)
7. Date: From:.....To:.....
8. Address during Leave:.....
.....
9. Date of Submission:.....

Signature of Student

For Office Use

1. Ward Contacted: (i) Name:
(ii) Phone No:
(iii) Time :
2. Information sent to Parents: (i) Phone No: (ii) Date:
(iii) Time :
3. Information received from Parents on reaching home: (i) Phone No:
(ii) Date: (iii) Time :

Signature of the Warden/in-charge: