



ANIL BAGHI COLLEGE OF NURSING, FEROZEPUR
STUDENTS LEAVE APPLICATION

Roll No. : _____ Batch: _____

Name of the Student : _____

Father's name : _____ Mother's Name: _____

Address During Leave: _____

Period of Leave required: _____ to _____ (number of days _____).

: Leaving on _____ Returning on _____

(11.00am to 05:00pm)

(upto 09:00am)

Reason for Leave. _____

I certify that the above particulars are correct. **My parents are in the knowledge of and have given their consent for the leave applied.** I and my parents shall be fully responsible for my wellbeing, travel to and fro and safe return to the institute after expiry of the leave specified above. In case I do not return back on the expiry of this leave my parents may be informed accordingly. I and my parents shall also be responsible for shortage of attendance (if any) on account of this leave.

Contact Mobile No. of the student. _____

Contact Mobile Nos. of the parents. _____

Land Line No. of the parents. _____

Date: _____

Student's Full Signature _____

Checked and Verified

Principal ABCON: _____

Leave Sanctioned
Director Adm

Hostel Superintendent.
(With date)

TO BE FILLED BY THE STUDENT AT MAIN GATE

Check Out

Date _____

Time Out _____

Student Signature:

Gate Guard:

Supdt Hostel (Student Absent. Parent informed)

Tele/ SMS Log Ser _____ Date _____

Check In

Date _____

Time In _____

Student Signature:

Gate Guard: