HALL MANAGEMENT CENTRE IIT KHARAGPUR

"Leave Approval" for Boarders during Autumn/Spring Semester

Name of the Boarder	
Roll No.	
Department/Centre/School	
Hall Name and Room No.	
Contact Number	
Residential Address	
Guardian's Name and Contact Number	
Period of Leave (Must mention the Date, Month, and Year)	From: To:
Purpose of leave	
Signature of the Boarder with date	
Signature of the Faculty Adviser/Supervisor with date	
Name of the Faculty Advisor/Supervisor	
Signature and seal of the Head of the Dept./Cent./School	
SUBMIT THE FORM TO	THE CONCERNED WARDEN AND PRODUCE THE

COPY AT THE SECURITY GATE FOR EXIT/ENTRY