



KMCT GROUP OF INSTITUTIONS

Campus: Kallanthode, NIT Campus (P.O), Kozhikode-673 601.

HOSTEL STUDENT LEAVING FORM

Date: ____/____/____

To,
The Matron / Warden

..... (Hostel)

With due respect, I,, Enrollment No., student
of B.Tech/B.Arch./B.Pharm/M.Tech/MBA/MCA/B.Ed./D.Ed./Diploma semester
under KMCT College and resident of
..... hostel, requesting to provide permission to leave Hostel for the period of
..... to for the reason of
.....
.....

.Please mention the address of residence during station leave: -

.....
.....
.....

I do hereby declare that I shall return to my hostel on the above-mentioned date positively.

Signature of the Applicant with date

OFFICE USE ONLY

Date & Time of Parent Confirmation (to be filled by Matron/Warden) :-

Recommended by Matron/Warden (Sign & Name) :-

Approved by TUTOR/HOD/PRINCIPAL (Sign & Name) :-

NOTE: This form is to be kept under safe custody of the Matron / Warden of the concerned Hostel.