राष्ट्रीय प्रौद्योगिकी संस्थान आंध्र प्रदेश

**NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH**

Near National Highway No. 16, Kondruprolu,

 TADEPALLIGUDEM – 534101, West Godavari District, Andhra Pradesh

 **Non-Local outing form**

1. Name of the resident: \_\_\_\_\_\_\_\_
2. Program (please ✓): B.Tech/ M.Tech/PhD\_\_\_\_ Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Department: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of the Hostel & Room No.: \_\_\_\_\_\_\_
5. Purpose for leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of leave: No. of days: \_\_\_\_\_\_\_\_From: To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address during period of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Contact no. during the period of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date and time of return to the hostel after this leave:

Signature of the resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and signature of the on-duty caretaker:**

**Sign-out time of the resident:**

|  |
| --- |
| **FOR WARDEN OFFICE** |
| Approval granted: Yes / No |
| Signature of the Warden, Hall of Residence |
| Signature of the Mess Supervisor | Name and signature of the on-duty caretaker:Sign-in time of the resident: |