

Chandigarh College of Engineering & Technology
Sector 26, Chandigarh
Department of Student Welfare
Girls Hostel (Degree Wing)
PERMISSION OF LEAVE

Name of Student: _____
Room No. : _____
Contact No.: _____
Roll No/Branch/Semester: _____
Date: - From _____ To _____
Time: - Departure: _____ Arrival: _____
Visit: - Home Town/ Local Guardian Reason for Leave _____
Address and Contact No.: _____

Signature of Student _____ Signature of Recommending Authority _____

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