

APPLICATION FOR LEAVE FROM HOSTEL

From,
Name: _____
Class: _____
Roll No. _____
Room No. of MGM Hostel: _____
Mobile No.: _____
Date: _____

To,
The Dean,
MGM Dental College & Hospital,
Kamothe, Navi Mumbai.

Subject: Application for Leave from Hostel.

Madam,

I _____, Class _____ Roll No. _____
request you to grant me leave from hostel from Date _____ Time _____ to
Date _____. I will come back to college on Date _____ Time _____

During my leave I will be at _____

Emergency contact person as under:

Name of Parent / Guardian _____

Address _____

Contact Nos. _____

Are Parents aware of your leave from Hostel - Yes / No

Thanking You,

Yours Sincerely

Sign
Name :-

Leave Granted / Not Granted

Dean