**GATE PASS (RCRS)**

I: D/O: Room No:

Leaving For:

From Date: To Date:

Departure Time: Arrival Time:

Type of Leave:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sick Leave  | Short Leave | Weekend | Overnight | Other |

Permanent Address:

Students Signature:

Batch: Semester: VP Signature:



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