



SRM VEC HOSTELS

SRM Nagar, Kattankulathur - 603 203



PERMISSION FOR OUTGOING / HOSPITAL SLIP

Stuent Copy

Date:

Name of the Student :

College Register No :

Hostel Block Name :

Room No:

Purpose :

Time Out :

Time in:

Signature of Student

Signature of Dy.Warden /SRO



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