



INTEGRAL UNIVERSITY, LUCKNOW

INTERNATIONAL STUDENT HOSTEL

LEAVE APPLICATION FORM

1. Name of the Resident:.....
2. Enrollment No,..... Program:.....Year.....Semester.....
3. Room No.....
4. Purpose for leave.....
.....
.....
5. Duration of Leave: **No. of Days**.....**From****To**.....
6. Complete address during period of leave:.....
.....
7. Contact No. during period of Leave
8. Alternate Contact No.....
9. Leaving Date & Time
10. Returning Date & Time

I hereby undertake that I am solely responsible for the incidence whatsoever, and that I shall return within expiry of the said duration.

Signature of Resident

Date:

**(Residents are advised to carry university Id card, passport, visa and other relevant documents.)*

For Warden's Office

Approval granted: Yes / No

Warden's Name

Warden's Signature

Date:

Leave Register Serial No. :

(Chief Warden)