



OPAL HOSTEL
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

LEAVE FORM

Name of the student	:	
Roll Number	:	
Programme / Department	:	B.Tech. / B.Arch. / M.Tech. / M.Sc. / MCA / MBA / MS / Ph.D./ Others Department: _____
Block & Room Number	:	
Phone / Student & parents	:	
Period of Leave	:	From _____ to _____ Total Number of days : _____
Reason	:	
Signature of the Student with date	:	

OFFICE USE

Signature of the Student	:	
Counselor	:	
Signature of the Warden	:	Permitted / Not Permitted