

To

Dated: ___/___/___

The Warden,
Hostel Block _____
NERIST

Sub: Application for No Fooding for _____ days from _____ to _____

Sir,

I may kindly be allowed to avail leave from hostel from _____ to _____.
For the purpose of _____.

Hence, my absent period of _____ days may be considered for No fooding facility for which act of you, I shall be thankful to you sir.

Essential details

Date of Departure: - _____ Time of Departure: - _____

Date of Arrivals: - _____ Time of Arrival: - _____

Signature of Student:

Name of Students:

Room No.

Signature of Supervisor/HOD