

## SMT. SITADEVI JAINARYAN JAJU MAHESHWARI HOSTEL A B MAHESHWARI EDUCATIONAL TRUST, INDORE

Address: Ring Road, Musakhedi, Near Teen Imli Chauraha (Opp. Water Tank) Indore (M.P.)
Ph.: +91-731-2403051 \*Mobile: 094258-55437 \* Email: sjjmhostel@gmail.com

LEAVE APPLICATION Name of App								
Short Time	Weekend	Night-out during working		days	Room No.		Mobile No.	
Purpose of leave (in brief)		Leave period (			applied for)  To  Date Time		Address and Residence Telephone during leave*	
Noto : * mark	od information	is a must in ca	oso of pight	stav o	utsido			
Note: * marked information is a must in case of night s  Date:/					uisiue.		Signature of student	
Talked to Parents. *Yes/No. Sanctioned / Not Sanctioned					Remarks			
Period								
Signature of Hostel Warden/Authorised Parson  Name://								
Called to Parents Name				Re	Return Call Yes/No.			
Phone/Mobile No.				Ph	Phone/Mobile No			
Time:				Tin	Time :			
Date :				Da	Date :			
By Person				Pe	Person			