

Out Going Slip for Hostel Residents

DATE.....	STUDENT NAME.....	Out time	In Time	Duration

Purpose of Visit : _____

Information to Parents: YES NO

Parent's Name	Relation with Candidate	Parent's Mobile No.

WISS Official Person contacted to Parents: _____

Warden Signature Visitor Student Signature.....

Permitted By : Name Designation..... Signature.....

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