

Dr SM CSI MEDICAL COLLEGE, KARAKONAM.

STUDENT GATE PASS

To

The Principal,
Dr SMCSI Medical College,
Karakonam.

Sir/ Madam

Please give permission for

Name :

Batch :

Room No :

Hostel :

Purpose : Shopping / Going Home / Others (Specify)

Date & Time of Going out :

Expected Date & Time of Incoming :

Once the student leaves the hostel, Parents/ Guardian will be totally responsible for the student.

Permission received from Parent/ Guardian

Yes / No

Signature of the Student

Name :

Relation :

Whats App/ E mail message received on :

Address :

Sanctioned/ Not sanctioned

Signature of the Principal

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STUDENT GATE PASS

Name :

Batch :

Room No :

Hostel :

Purpose : Shopping / Going Home / Others (Specify)

Date & Time of Going out :

Expected Date & Time of Incoming :

Signature of the Security

Signature of the Warden