

## राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

For Office use only

Sl. No.:-

Date:-

Form 2:- Hostel Leave Form

F. NITA/CW/08/2007	Date:
To The Chief Warden NIT Agartala	
resident of block of	C-MT/MBA/Ph.D semester and
of	
Please mention the address of residence during stati	on leave :-
I do hereby declare that I shall return to my hostel of the semester:-  Forwarded by:- (HOD/HOD IC/HOS)	
Forwarded by:-	
(Full name of the Supervisor with Signature)	
Recommended by:-	
(Warden)	Approved by:-
	(Chief Warden)