

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM
Ravangla, South Sikkim – 737139
STUDENT GATE PASS (FOR HOME) – Office Copy

I, Mr./Ms. _____ Roll No _____ of 1st/2nd/3rd/4th year

B.Tech /M.Tech/M.Sc/Ph.D in the Department of _____, want to go home on _____ at _____ A.M/P.M

The purpose of my visit to home is _____ I will return to Ravangla Campus on _____ by _____.

During absence from Ravangla

Home Address:

My Contact No:

Parent's Name:

Parents Contact No:

Approved by

Chief Warden/Hostel Warden

HOD/ Faculty Advisor

Signature of the student

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