GIRLS HOSTEL VISITORS LIST

Student Name: _____ Class: _____

Father's / Guardian's Name: _____

Phone # : _____ Alternate Phone #: _____

1. The Persons who may visit my daughter / ward in the Girls Hostel:

Name (in capital letters) and NIC #	Relationship	Address

2. I, father / guardian of Miss _____ do hereby permit the following two individuals to take my daughter/ward from the College Hostel for a period of:

	Yes	No
• A few hours	☐	☐
• Weekend	☐	☐
• Holidays	☐	☐

[Mark X in the box not applicable]

Passport size photograph to be pasted here.

(i) Individual's Name: _____

Father's Name: _____

Designation / Occupation : _____

Relationship: _____

N.I.C # : _____ [Please attach an attested Photocopy of NIC]

Address: _____

_____

Phone # (Res): _____ (Off): _____ (Mobile): _____

Fax: _____ E-mail: _____

Passport size photograph to be pasted here.

(ii) Individual's Name: _____

Father's Name: _____

Designation / Occupation : _____

Relationship: _____

N.I.C # : _____ [Please attach an attested Photocopy of NIC]

Address: _____

_____

Phone # (Res): _____ (Off): _____ (Mobile): _____

Fax: _____ E-mail: _____

_____ _____

(Signatures of Father's / Guardian) (Signatures of Student)

Name: _____ Name: _____

Address: _____ Date: _____

_____

_____

Dated: _____

_____ _____

(Signatures of Warden) (Countersigned by the Dean/Principal)

Dated: _____ Dated: _____