



SWAMI ATULANAND HINDU MAHAVIDYALAYA

Parmanandpur, Shivpur, Varanasi 221002

Gate Pass

Name of Student:		Roll/Enrollment No.:	
Course/Programme:		Year/Semester:	
Mobile No.:		Parent's Mobile No.	
Reason for Leave			

STUDENT DECLARATION

I hereby declare that:

1. I am leaving the college premises during regular working hours with the prior knowledge and consent of my parents/guardian.
2. The reason stated in this gate pass is genuine and true to the best of my knowledge.
3. I take full responsibility for my safety, conduct and belongings while going outside the college.
4. The institution/authorities shall not be held liable for any unforeseen incident, accident or mishap occurring outside the campus.

Date: _____

Student Signature: _____

Principal/Chief Proctor Signature: _____