

Overstay on working/ Nonworking day By Student

Name of Event _____

Venue _____

Group _____

Specific Reason for Overstay _____

Date		Time Duration		Particulars of Student		Student Signature	HoD Signature
From	To	From	To	Univ. Roll No.	Name		

Available Faculty / Event In-charge Signature

Approval By Dean- ECA

Approval by Administrative Office