



VIDYA ACADEMY OF SCIENCE & TECHNOLOGY
REQUEST FOR PERMISSION - STAY BACK

Date:

1. Name of the Student/Students (Department and semester):

1		6	
2		7	
3		8	
4		9	
5		10	

2. Date when permission required :

3. Time required : From: To:

4. Details of the event :

5. Location of practice :

6. Whether trainers are required for the practice session: (Yes/No)

If yes, details of the trainers (Name, Contact Number, Copy of Identity Card)

7. Time of entry and exit of trainers: Entry: Exit:

8. Name & Signature of the student Coordinator: Contact No.:

9. Name and Signature of the faculty member present on the date:

10. Recommended/Not recommended: **Vyvidh/Advika Dept. Faculty Advisor**

11. Recommended & forwarded: **Discipline Committee Convener**

12. Approved/Not Approved: **Principal**