

Date : _____

To,
The Principal,
Institute of Nursing Sciences,
Shri G.H. Patel School of Nursing,
Bhaikaka University, Karamsad.

I _____ student of _____

request you to grant me a Night-out Pass for (Reason) _____

from _____ to _____. My contact address during the above period will be as follow

_____ and mobile No. _____

Signature of the Student

Signature of Class Coordinator

Signature of Warden

Signature of Principal

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