Bonafide Application

Date:_____,

				Place: Chennai.
From,				
S.NO.	VH NO.	NAME(IN CAPITAL, AS PER 10 TH MARKSHEET)	QUOTA SWC/MQ	FATHER NAME
1.				
2. 3. 4.				
4.				
5.				
6.				
7.				
8.				
9. 10.				
Γο, Γhe Prii Vel Tecl	-	Tech Dr. Rangarajan Dr. Sakunthala	Engineering C	ollege.
Γhe Prii Vel Tecl Sir,	h High	Tech Dr. Rangarajan Dr. Sakunthala on for Bonafide Certificate for	Engineering C	ollegeReg
The Prin Vel Tech Sir, Sub: Ro	h High	on for Bonafide Certificate for		
The Printed Technology Sir, Sub: Ro	equisitien in the control of the con	on for Bonafide Certificate for		Reg
The Printed Technology Sir, Sub: Ro	equisitien in the control of the con	on for Bonafide Certificate for d of bonafide certificate for ly issue me/us the same with/withousedful at the earliest.		Reg
The Printed Technology Sir, Sub: Ro	equisitien in the control of the con	on for Bonafide Certificate for d of bonafide certificate for ly issue me/us the same with/witho		Reg

Fee Receipt Application

				Date: Place: Chennai.
From,				
S. No.	VH NO.	NAME(IN CAPITAL, AS PER 10 TH MARKSHEET)	QUOTA SWC/MQ	FATHER NAME
1.				
To, The Prin	icipal,	ech Dr. Rangarajan Dr. Sakuntha ech Dr. Rangarajan Dr. Sakuntha		
Sir, Su b: Re	quisition	for Fee Receipt(s) Reg.		
		of the Fee Receipt(s) for the same at the earliest.		Purpose.
		Thanking You		

Attachments(s):

S. No.	Amount	Mode: UPI/Account Transfer/ DD	Transaction ID/ UTR No./ DD No.	Date of Transaction
1				
2				
3				
4				
5				

Your Obediently,

1.

On Duty Application

				Date:
				Place: Chennai.
From,				
CNO	VH	NAME(IN CAPITAL,	QUOTA	EATHED MANG
S.NO.	NO.	AS PER 10 TH MARKSHEET)	SWC/MQ	FATHER NAME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.	<u>l</u>	1		
Sir,	h Ĥigh T	Fech Dr. Rangarajan Dr. Sakunthala on for On Duty Reg.	Engineering C	ollege.
As Iam/	We are i	nterested/Registered for the program	n on	a1
			from	to
	_	we request you to Kindly issue me	us the On Dut	y. Kindly do the needful a
the earli	iest.	Thanking You,		
				Your Obediently,
				1.
				2.
				3.
				4.
				5.
				6.
				7.
				8.
				9. 10.
				10.

LEAVE APPLICATION

		Date:
		Place: Chennai.
From, Name (in CAPITAL, as per the 10 TH MARK SH	IEET):	
Vh.No./Reg. No.:		
Year/ Sem/ Batch/ Class: I / I / 2023-27/	ARREAR	CGPA:
Vel Tech High Tech Dr. Rangarajan Dr. Sakunth	ala Engineering C	ollege.
To, The Principal,		
Vel Tech High Tech Dr. Rangarajan Dr. Sakunth	ala Engineering C	ollege.
Sir, Sub: Requisition for Leave Reg.		
As Iam going to		for
	from	to
I request you to Kindly issue me the leave. Kin	dly do the needful.	
% ATTENDANCE:(PERIOD:)	
Thanking You,		
		Your Obediently,
Parent Name:		
Relation: Father/Mother		(Student Signature)
(Parent Signature)		
Parent Mobile No.:		

APOLOGY LETTER APPLICATION

		Date.
		Place: Chennai.
From,		
Name (in CAPITAL, as per the 10 TH MARK SF	HEET):	
Vh.No./Reg. No.:		
Year/ Sem/ Batch/ Class: I / I / 2023-27/		
Vel Tech High Tech Dr. Rangarajan Dr. Sakuntl	hala Engineering Colle	ge.
To, The Principal,		
Vel Tech High Tech Dr. Rangarajan Dr. Sakuntl	hala Engineering Colle	ge.
Sir, Sub: Apology letter Reg.		
As I have done		_in the
I sincerely apologize for th	e mistake happened an	d i abide to the action
taken against me for the same and i assure you		
accept my request and excuse me one last time.		
% ATTENDANCE:(PERIOD:)	
Thanking You,		
		Your Obediently,
Parent Name:		
Relation: Father/Mother		(Student Signature)
(Parent Signature)		
Parent Mobile No.:		

HOSTEL OUT/IN PASS APPLICATION

						Date:,
						Place: Chennai.
From,						
Name (in CA	APITAL, as pe	r the 10^{TH} MARK	K SHEE	ET):		
Vh.No./Reg.				,		
Year/ Sem/ I	Batch/ Class: I	/ I / 2023-27/		ARREA	AR	CGPA:
		ngarajan Dr. Sak				
То,						
The Principa	ıl,					
•	•	ngarajan Dr. Sak	unthala	Engineering	g Colleg	ge.
Sir,						
*	sition for Hos	tel Out Pass Reg	ζ.			
I would like	to go home / r	elatives house / c	outing d	ue to		
	1 T			,1 TZ	11 1	
in this regard	a, I request you	i to give permiss	ion for	the same. Ki	inaly ac	the needful at the
carriest.	Thankii	1g You.				
			_			
Parent's Nan	ne :		Cont	act No		· · · · · · · · · · · · · · · · · · ·
Place of Visi	: <u>Date:</u>		_ Time:			
			Time			
	with Parent: \(\frac{1}{2}\)					Your Obediently,
Class advi	sor	Hod	l / Dea	n		(Student Signature)
		<u>]</u>	IN PASS			
Name/Vhno./Y	<u>Year/Sem/Class:</u>					
	Permit	ted			Actual	(office use)
Out Time	Date:	Time:		Out Time		
In Time	Date:	Time:		In Time		
						Hod / Dean
Name/Vhno /\	/ear/Sem/Class:	OUT PASS	S (OFFIC	E COPY)		
1 1110. / 1		-		1		
Out Times	Permi			Out Time	Actua	l (office use)
Out Time In Time	Date:	Time:		Out Time In Time	+	
1 111 1 11115	ı Daw.	1 HHC.			1	

ID CARD LOST / NEW ID CARD APPLICATION

		Date:
		Place: Chennai.
From,		
Name (in CAPITAL, as per the 10 ^{TI}	H MARK SHEET):	
Vh.No./Reg. No.:		
Year/ Sem/ Batch/ Class:	ARREAR	CGPA:
Vel Tech High Tech Dr. Rangarajan	Dr. Sakunthala Engineering	g College.
То,		
The Principal,		
Vel Tech High Tech Dr. Rangarajan	Dr. Sakunthala Engineering	g College.
Sir,		
Sub: Requisition for New Id card	Reg.	
As I have lost my id card in	, I would	like to apply for a new id
eard. In this regard, I request you to		
safeguard the id card hereafter. Kind		•
Thanking You,	ary do the needful at the ear	nest.
Thanking Tou,		
		Your Obediently,
		(Student Signature)
HoD		PRINCIPAL
<u>NEW ID CARD AP</u>	PLICATION (STUDENT'S COP	PY) DATE:
Name (in CAPITAL, as per the 10 ^{TI} Vh.No./Reg. No.:		
Year/ Sem/ Batch/ Class:	ARREAR	CGPA:
Vel Tech High Tech Dr. Rangarajan	Dr. Sakunthala Engineering	
Note: This slip is valid 1 month fr	om the applied date.	

ATTENDANCE SHORTAGE UNDERTAKING APPLICATION

	Date:_	
	Place:	Chennai.
From,		
Name (in CAPITAL, as per the 10 TH MARK SHEET):_		
Vh.No./Reg. No.:		
Year/ Sem/ Batch/ Class: I /I /2023-27/ARRI		
Vel Tech High Tech Dr. Rangarajan Dr. Sakunthala Eng	ineering College.	
To, The Principal,		
Vel Tech High Tech Dr. Rangarajan Dr. Sakunthala Eng	ineering College.	
Sir, Sub: Undertaking for having less than 75% attendar	nce Reg.	
I aware that a minimum of 75% attendance is required	to write end sem exar	ninations. My
cumulative attendance for the Period , from _	to	· · · · · · · · · · · · · · · · · · ·
is%. In this regard, I assure you that, hereaf	ter I would come to co	ollege regularly
and I also undertake that, in case of failing which and,	get Sem drop as a cons	sequence of
shortage of attendance, I will take the whole responsibil	ity. Hence I request yo	ou to accept my
request and allow me to attend the classes. Kindly do th	e needful at the earlies	st.
Thanking You,		
Parent Name:	Your C	bediently,
Relation: Father/Mother		
(Parent Signature)	(Stude	nt Signature)
Parent Mobile No.:		