



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
छात्रावास प्रबंधन अनुभाग/Hostel Management Section
रूपनगर, पंजाब - 140001/ Rupnagar, Punjab-140001
carehostel@iitrpr.ac.in/ar.hm@iitrpr.ac.in

Date: ____/____/20__

DECLARATION FORM FOR LEAVING OUTSTATION/OVERNIGHT FROM CAMPUS

Name	
Entry Number	
Contact Number	
Name of Parents/Guardians	
Contact Number of Parents/Guardians	
Address during the Leave	
Duration	Number of days: From: ____/____/20__ To ____/____/20__

I hereby declare that I have informed my Parents/Guardian for going out of the campus to _____
and they have permitted me. I shall be liable for disciplinary action for any wrong information provided by me in the form.

* Application to be submitted with Caretaker/Security Guard.

Signature with date



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