

भारतीय प्रौद्योगिकी संस्थान रोपड़

INDIAN INSTITUTE OF TECHNOLOGY ROPAR

छात्रावास प्रबंधन अनुभाग/Hostel Management Section

रूपनगर, पंजाब - 140001/ Rupnagar, Punjab-140001

	carenostel@utrpr.ac.in/ar.nm@utrpr.ac.in
DECLARATION FORM	Date:/20 I 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
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I hamaby do along that I have inform	ed my Parents/Guardian for going out of the campus to
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and they have permitted me. I shall be li	able for disciplinary action for any wrong information provided by me in the form.
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* A	
* Application to be submitted with Ca	aretaker/Security Guard. Signature with date
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Et day of the same	
	IAN INSTITUTE OF TECHNOLOGY ROPAR
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धियो यो नः प्रचोदयात्	carehostel@iitrpr.ac.in/ar.hm@iitrpr.ac.in
	Date://20
DECLARATION FORM	I FOR LEAVING OUTSTATION/OVERNIGHT FROM CAMPUS
Name	थियां यो नः प्रचादयान
Entry Number	
Contact Number	
Name of Parents/Guardians	
Contact Number of Parents/Guardians	
Address during the Leave	
Duration	Number of days:
	F / 20 F / /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.