## OFFICE OF THE DEAN (STUDENTS' WELFARE) NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA

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	ot stay in the Institute hostel due to the following reasons mentioned
below and I may be allowed to stay ou	
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Further, the personal details of myself	is given as below:-
1. Name	: Gender (M/F)
2. Father/Mother/Guardian's Name	t
3. Mobile No (Student, Parent/Guardi	an) :
4. Email ID	:
5. Roll No	:
6. Programme Name	: Year of Study
	(Signature of the Student with Date)
I	Father/ Mother/ Guardian of
hereby give undertaking that the above	ve reasons stated by the student are genuine. I also undertake that I
shall be responsible for any security/o	ther related issues with the above mentioned student during his stay
outside of the campus as a "Day Sch	olar".
I have No-Objection , if the student is	permitted to stay as a "Day Scholar". The final decision taken by the
Director on my application considerir	ng all the facts under the light of the NIT Statutes will be binding on
me and I shall honor the decision of the	e Director in this regard.

## (Signature of the Father/Mother/Guardian of the student with Date)

## Enclosure (s)

- 1. Photocopy of Aadhar Card of the Student
- 2. Medical Report duly signed and recommended by the SMO, Health Centre (For Medical Reasons)
- 3. Rent Agreement duly notarized (For Medical Reasons only)