**UNDERTAKING FOR HOSTEL LEAVING**

**(Rs. 50 Stamp Paper)**

**Date: - \_\_\_\_\_\_\_\_**

I Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enroll. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ studying in \_\_\_\_\_\_\_ Sem of JUET, Guna.

I hereby inform that I am permitting my ward to leave the hostel effective from date \_\_\_\_\_\_\_\_\_\_\_\_\_, His / her updated current address would be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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His / Her local guardian’s details are:-

Name :-

Address :-

Contact No. :-

My ward will shift only when the University checks and approves the hygiene and fitness condition of the residential area as mentioned above.

I hereby declare that University will not be held responsible for any mis-happening and act of my ward during his/her stay outside the University.

Signature -

Name -

Your ward’s request for shifting from University hostel w.e.f. Acad. Year 2023 -24 (Odd Semester) has been examined and it is not acceptable due to the following reasons :-

1. Address of residence as “Day Scholar” not mentioned and verified.
2. Details of local guardian not mentioned and verified.
3. Parent/ Guardian have not personally furnished the affidavit as per annexure attached.