

OFFICE OF STUDENTS' WELFARE

Hostel Vacating Consent Form

Annexure I (A)

I, _____ Reg. No. _____ doing my Final Year Project under the guidance of Dr. _____, from the Department of _____, _____ (School Name) for the period _____ to _____. I have registered only for the Capstone Project and do not have any arrears. I am well aware of my responsibilities as a day boarder and assure you of strictly adhering to the same.

I understand that:

1. Any physical/mental harassment towards fellow students including ragging, quarrelling and violent behaviour outside may be subject to disciplinary actions.
2. Entering the Institution premises under the influence of alcohol or inducing others to consume alcohol is punishable.
3. Students who consume/trade/possess narcotics inside/outside the campus will be expelled from VIT with immediate effect.
4. Causing damage to the college property will be penalized suitably.
5. Day Boarders are not permitted to enter the Hostel premises.
6. To stay back late on campus for project related works, special permission needs to be sought well in advance, with the Project Guide's recommendation.

Thank you,

Student Signature

Ph. No:

Date:

CGPA	
Total Credits Required	
No. of Credits Completed	
No. of Credits Pending	
No. of Arrears	
No. of Credits Registered in Win 23-24	

Category	Particulars	
A	Super Dream Offer Placements	<input type="checkbox"/>
B	Dream Offers/Super Dream Internships/ Restricted Dream Offers	<input type="checkbox"/>
C	Unplaced & Interested in Placements (Staying within 250 kms. Radius)	<input type="checkbox"/>
D	Unplaced & Interested in Placements	<input type="checkbox"/>
E	Unplaced but Not Interested in Placements	<input type="checkbox"/>
F	Not registered for PAT	<input type="checkbox"/>

Recommended / Not recommended for the change of ID Card

Permitted / Not Permitted to Vacate Hostel

Dr. Sudhakar N.
Asst. Director, Office of Students' Welfare

Annexure I (B)
RECOMMENDATION FROM PROJECT GUIDE

I take full responsibility of my project student, Mr./Ms. _____
Reg. No. _____, who wishes to stay (outside the campus)/home till the
completion of the project and assure you of his /her good conduct and behaviour.

Internal Guide Name & Signature:

Emp. No:

School:

HoD Name & Signature with seal
(In case of Non-CDC Offer)

Annexure I (C)
SELF DECLARATION

I Mr. /Ms. _____ Reg. No. _____ undergoing
internship/project at _____ for the period
_____ to _____.

Annexure I (D)
PARENT CONSENT FORM

I, _____ parent of _____
Reg. No. _____ aware of my ward's request to stay outside the campus
while doing his/her project. I would like to mention that my ward has registered for
his capstone project/Internship only and has no arrears to complete. I am aware of
VIT rules & regulations and take full responsibility of my ward's safety while he stays
outside VIT campus. I understand and agree that VIT will have the right to take strict
disciplinary actions against my ward, in case he/she is found indulging in any activity
that is not permissible as per VIT norms.

I, hereby, give my consent for my ward to stay outside of the campus/home/Location
where he got the internship at the following address:

Parent Signature

Signing Date:

Enclosure: CDC Mail / Confirmation Letter from Company for Internship