

**BITS PILANI KK BIRLA GOA CAMPUS**  
**WAVES'18 – OCT 26TH to OCT 28TH**  
**DISCLAIMER**

**\*\*Every participant/visitor being accommodated in/visiting the campus must abide by the rules stated below \*\***

1. Those accommodated in the Institute Campus must be in the Campus by 10:30 p.m. and the visitors should leave the Institute Campus by 10:30 p.m. or after the last event of the day concludes.
2. Male visitors/participants **MUST NOT** enter Girls Hostels (CH4, CH5 & CH7) and similarly female visitors/participants **MUST NOT** enter Boys Hostels (AH1 to AH9, CH1 to CH3, CH6 and DH1/DH2) and SAC.
3. Visitors/Participants **MUST NOT** enter any restricted regions.
4. **Smoking, Gambling, Consumption of alcoholic drinks, Use of hallucinogenic drugs and other illegal substances anywhere in the Institute Campus is strictly PROHIBITED.**
5. Any participant/visitor who has smoked, consumed alcohol or used hallucinogenic drugs outside the campus and makes an attempt to enter the campus institute, **he/ she will not be allowed inside the gate.**
6. Engaging in acts of intimidation, violence or abuse directed towards any student, faculty member, staff or employee of **BITS Pilani, Goa** or any participating institute will not be tolerated and will result in **his/her expulsion from the campus.**
7. Damage or Destruction of property anywhere in the Institute Campus due to either negligent or wilful activity will be fined.

**\*\*Any person found violating the above rules may be immediately expelled from the campus and his/her registration from all the events may be cancelled and will be penalized appropriately.\*\***

**\*BITS-Pilani,Goa reserves the right to take Appropriate Legal Action in such cases. \***

(Signature of the VISITOR/ PARTICIPANT)

(Signature of DOSAR(BITS GOA) INCHARGE)

**DECLARATION**

CHECKLIST NO. \_\_\_\_\_

(Checklist Number to be filled at BITS GOA Campus)

I, \_\_\_\_\_, from \_\_\_\_\_, do hereby declare that I am aware of the Security & Disciplinary Rules of BITS Pilani -Goa Campus and will abide by them at all times during my stay in the Campus.

Place : .....

Contact no.:.....

Date : .....

Email id : .....

(Signature of Visitor/Participant)

Dept. of Surveillance and Registration

