

Form for Returning Students

Details of travel

Name of the Student:

Roll Number:

School/ Department:

Intended date of return:

Address upon return (Hostel/ off-campus/ own arrangements):

Workspace location on campus (M.Tech. & Ph.D.):

Note: *Following the quarantine period, students' health would be monitored. After that, the students will be shifted to allotted room*

Signature of Student

Date : _____

I _____ Father/ Mother/ Guardian of _____
_____ (Roll no _____) do hereby
undertake that my ward shall follow the institute guidelines regarding social distancing,
maintain personal hygiene, and follow the institute SOPs regarding COVID-19.

Signature of Parent / Guardian

Name _____ Mobile Number _____

Recommended/ Not Recommended & Signature

Supervisor/ Faculty advisor

Programme Co-ordinator

Hostel Block Warden