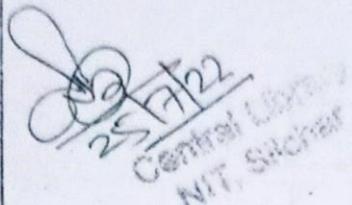


CLEARANCE

| From Hostel | From Library | From Accounts | Other, if any |
|-------------|---|---------------|---------------|
| |  | | |

PRESENT ADDRESS

Details of HOME :

Father's Name RAMAKANTH MOHANTY

Mother's Name BHARANI MOHANTY

Or

Husband's/Guardian's Name _____

Full Address of above person PLOT NO: -48

MADHUSUDAN NAGAR

BIHUBANEWAR

District KHURDA State ODISHA

Mobile Phone No. 9040143149

Landline Phone No. with STD / ISD Code

Details of Student :

Hostel / Quarters No. N/A Room No. N/A

Identity Card No. _____

Mobile Phone No. 9090459633

E-mail ID kinti21-ns@ece.nitk.ac.in

If you are not residing in the campus, provide full address of the place where you are residing now.

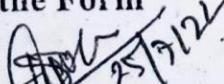
All particulars stated in this Registration Form are true. If any information given by me is found false at any stage, I shall be liable to any action that the NIT Authority may deem fit and proper.

Kinti Swagat Mohanty

Full signature of the student

Date: 25/07/2022

Received the Form



Signature of Ph.D. Dealing Asstt.

FOR OFFICE USE ONLY

Received, verified and found in order.
Registered and listed in the appropriate
Roll-Sheet.

Remarks, if any, by Supdt. / Dean

Dealing Asstt.