Date: / /20

Declaration Form For Leaving Outstation/Overnight from Campus

Name	
Name	
Entry Number	
Contact Number	
Name of Parents/Guardians	
Contact Number of Parents/Guardians	
Address During the Leave	
Duration	Number of days: From://20To//20
•	parents/guardian for going out of the campus ne. I shall be liable for disciplinary action for a
भारतीय प्रौद्योगि	की संस्थान रोपड
Declaration Form For Leaving Ou	Date: / /20
Declaration Form For Leaving Ou	Date: / /20
,	Date: / /20
Name	Date: / /20
Name Entry Number	Date: / /20
Name Entry Number Contact Number	Date: / /20
Name Entry Number Contact Number Name of Parents/Guardians	Date: / /20
Name Entry Number Contact Number Name of Parents/Guardians Contact Number of Parents/Guardians	Date: / /20

wrong information provided by me in the form.

Signature with Date