Re-Entry Form cum Undertaking (To be submitted during the entry in hostel)

Pρ	ren	nal	D	etai	le:

i Cisonai Betan	J.							
Name:		Roll No:		Gender:				
Email ID:			M	Mobile No:				
Programme:			D	Department:				
Name of the Supe	Name of the Supervisor (if any):			Email ID of the Supervisor:				
Have you register	ed for Academic ser	mester:	Yes / No					
Return Details:								
Returning from (na			T -					
Arrived IITG on	Date:	(- 1.1.)		Time:				
Mode of Travel	Flight / Train / Other (Tick) Please specify, if others:							
Flight / Train No			Time of arrival					
Test Details:								
Nature of Test:	RT-PCR		Date of Testing:					
Hostel Related	Information:							
Name of the Host	el:			Room No:				
Check-In date:				Time:				
Ctatus of naves								
	Status of payment:			Date:				
*Advance Mess Fee: Amount (Rs.): *Advance mess fee payment before entering the hostel is mane			datory	Date.				
Declaration (Tick	• •	intening the noster is man	uatory.					
I hereby declare that the above information is true to the best of my knowledge and belief.								
I am bound to follo	ow the CoVID-19 pro	otocol inside the campus	set by Institu	ute Authority				
I know about the h	I know about the hostel and mess related norms and agreed to pay the required fee in advance							
I know that the me	ess subscription is c	ompulsory as per HAB al	lotment.					
Enclosures (mar								
 Copy of RT-PCR Report Copy of Boarding Pass / Travel ticket. 								
 Copy of Boarding Pass / Travel ticket. Copy of mess advance payment receipt. 								
4. Copy of o	covid-19 vaccination	certificate.						
Vaccination Status (Please Tick):								
Single Dose Double Dose								
Date:	Signature of the student							

Note: The Student can also fill this form online. However, you need to carry printed copy of the form along with the necessary enclosures/documents & submit it to the hostel security/staff.							
For Office Us	se						
Date: Signature of the Hostel sta	ff						