

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी Indian Institute of Technology Guwahati Guwahati - 781 039

RELEASE INTIMATION FROM QUARANTINE

Hostel Copy		(Please fill up the form in capital letters)			
Name				Roll No	
Programme				Department	
Mobile No				Date of Entry	
Email ID				Date of Exit	
Whether RAT conducted?		Yes / No	If yes,	Date:	
				Result:	
Whether RT-PCR conducted?		Yes / No	If yes	Date:	
				Result:	

Signature	of the	student
Date:		

Signature of the Staff, New Guest House

Date:

[N.B.: Fill this form and submit to the concerned hostel staff after getting signature from the new guest house.]

Form No. Hostel/11

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New Guest House Copy (Please fill up the form in capital letters) Roll No Name Programme Department Mobile No Date of Entry Email ID Date of Exit Whether RAT conducted? Yes / No Date: If yes, Result: Whether RT-PCR conducted? Yes / No If yes Date: Result:

Signature of the student

Signature of the Staff, New Guest House Date:

Date:

[N.B.: Fill this form and submit to the concerned hostel staff after getting signature from the new guest house.]