

**HALL MANAGEMENT CENTRE
IIT KHARAGPUR**

No.: IIT/HMC/Notice/2022/17

Date: 21 November 2022

NOTICE

Dear **Boarders**,

During the semester period, if any boarder is willing to go on leave, he/she has to submit the leave approval in the Hall Office before leaving the campus. The leave approval from competent authority is mandatory for all boarders.

Those who have winter vacation as per the Institute Academic calendar 2022-2023, but plan to stay in the Hall during the vacation, are required to submit the "**Permission to Stay**" form on or before 28th November 2022. Permission from the competent authority is mandatory for the boarders to stay in the Hall during winter vacation. Those who do not have winter vacation as per the Institute Academic calendar 2022-2023, need not submit the "Permission to Stay" form.

The blank forms of "**Leave Approval**" during semester period and "**Permission to Stay**" in vacation are available in the Hall Office during office hours and also in the HMC website.

The boarders going on winter vacation, must vacate their rooms and deposit the luggage (Locked properly) in strong room of the Hall. These rooms may be utilized for a few days to accommodate the degree recipients, who will be attending the 68th Convocation of the Institute.


Chairman, HMC

**HALL MANAGEMENT CENTRE
IIT KHARAGPUR**

“Leave Approval” for Boarders during Autumn/Spring Semester

Name of the Student	
Roll No.	
Hall Name and Room No.	
Contact Number	
Residential Address	
Guardian's Name and Contact Number	
Period of Leave (Must mention the Date, Month, and Year)	From: _____ To: _____
Signature of the Student with date	
Signature of the Faculty Adviser with date	
Name of the Faculty Advisor	
Signature with seal of the Head of the Dept./Cent./School	
SUBMIT THE FORM TO THE CONCERNED WARDEN AND GIVE A COPY TO HMC	

**HALL MANAGEMENT CENTRE
IIT KHARAGPUR**

**“Permission to Stay” in the Hall of Residence
during Summer/Winter Vacation**

Name of the Student	
Roll No.	
Hall Name and Room No.	
Contact Number	
Residential Address	
Guardian's Name and Contact Number	
Period of Stay (Must mention the Date, Month, and Year)	From: _____ To: _____
Signature of the Student with date	
Signature of the Faculty Adviser with date	
Name of the Faculty Advisor	
Signature with seal of the Head of the Dept./Cent./School	
SUBMIT THE FORM TO THE CONCERNED WARDEN AND GIVE A COPY TO HMC	