

**HALL MANAGEMENT CENTRE
IIT KHARAGPUR**

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

Name of the Boarder	
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:
Purpose of Stay	
Signature of the Boarder with date	
Signature of the Faculty Adviser/Supervisor with date	
Name of the Faculty Adviser/Supervisor	
Signature with seal of the Head of the Dept./Cent./School	
SUBMIT THE FORM TO THE CONCERNED WARDEN AND GIVE A COPY TO HMC	