

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY UNA HIMACHAL PRADESH

An Institute of National Importance under MoE Saloh, Una - 177209

Website: www.iiitu.ac.in

						Date:	
		(OUSE REQUEST Y FOR PARENT			
1	. Name of	Father	:				
2	2. Name of	Mother	:				
3	B. Purpose	of Visit	:				
4	4. Number of Guests (Not more than three)		:				
5	5. Date of Arrival in GH :			Time	Time of Arrival :		
6	6. Date of Departure in GH :			Time	Time of Departure :		
7. Duration of Stay :							
				Name Roll No.		Signature of Student	
				Phone No.	:		
Sı	ubmitted to	the Director:	FOR E	STATE OFFICE	USE		
Room No. Allotted :			:				
N	umber of Da	ys/Nights	:				
A	mount Colle	cted, if any	:				
	Payment Category	Date of Payment	Bank	Transaction Number	Amount	Is proof of payment attached	

Submitted for approval please.