

Form No.: _____ HOSTEL / SECURITY COPY

VISITOR PASS
Indian Institute of Information Technology – Allahabad

Visitor Full Name: _____ Mobile No.: _____

Relation with Student: _____ Visitor ID Type: _____ ID No.: _____

Host Name: _____ Roll No.: _____

Hostel: _____ Room No.: _____ Mobile No.: _____

Visit Date: _____ Expected Arrival: _____ Expected Departure: _____

Purpose of Visit: _____

IMPORTANT: Opposite gender guests are not allowed in the hostel premises. Overnight stay in hostel rooms is not permitted.

DECLARATION

I hereby confirm that the information provided above is correct. I understand that the visitor is permitted only for the stated day visit and that overnight stay in the hostel room is not permitted. I shall ensure that the visitor complies with the hostel rules and leaves the hostel premises within the permitted period.

Student Signature: _____ Date: _____

FOR HOSTEL / SECURITY USE ONLY

Entry Time: _____ Exit Time: _____ Signature: _____

Visitor Pass is valid only for the date and duration recorded above.

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Form No.: _____ STUDENT COPY

VISITOR PASS
Indian Institute of Information Technology – Allahabad

Visitor Full Name: _____ Mobile No.: _____

Relation with Student: _____ Visitor ID Type: _____ ID No.: _____

Host Name: _____ Roll No.: _____

Hostel: _____ Room No.: _____ Mobile No.: _____

Visit Date: _____ Expected Arrival: _____ Expected Departure: _____

Purpose of Visit: _____

IMPORTANT: Opposite gender guests are not allowed in the hostel premises. Overnight stay in hostel rooms is not permitted.

DECLARATION

I hereby confirm that the information provided above is correct. I understand that the visitor is permitted only for the stated day visit and that overnight stay in the hostel room is not permitted. I shall ensure that the visitor complies with the hostel rules and leaves the hostel premises within the permitted period.

Student Signature: _____ Date: _____

FOR HOSTEL / SECURITY USE ONLY

Entry Time: _____ Exit Time: _____ Signature: _____

Visitor Pass is valid only for the date and duration recorded above.