राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(राष्ट्रीय महत्व का संस्थान / An Institute of National Importance)
शिक्षा मंत्रालय के अधीन, भारत सरकार Under Ministry of Education, Govt. of India

No./NITRR/DSW/2025/ **Date:**

Student Well-Being / Medical Disclosure Form

PLEASE ANSWER THE QUESTIONS BELOW:

1. Are there any medical issues that you would like to make the Institute aware of?
2. Yes, _____ No _____
3. If yes to the above question (please provide details),

   _____
   _____
   _____
   _____

Student Name _____Student Roll No: _____ Signature:

If no, please sign below.

4. I acknowledge that I was given the opportunity to disclose any medical issues to the NIT Raipur and have chosen not to.

Student Name: _____ Student Roll No: _____ Signature:

- I understand and accept that it is the sole responsibility of the parent/guardian to take care of the student in case of any medical emergency, mental health issue, stress-related concern, or any unfortunate situation. Parents must always provide the student's emergency medication-if required. The Institute shall not bear responsibility for such cases.
- I acknowledge that the Institute may extend only limited support in such cases, and primary responsibility for care and treatment rests entirely with the parent/guardian.

Parent/Guardian Details

Date: _____ Place: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Phone/Mobile No.: _____