



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

मुख्य छात्रावास अधीक्षक कार्यालय (बालक) OFFICE OF THE CHIEF WARDEN (BOYS')
जी.ई.रोड, रायपुर (छ.ग.) G. E. Road, Raipur (C.G.) Pin - 492010



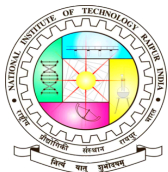
No./NITRR/CWO (B)/.....

Raipur, Dated 08/07/2026

NOTICE

All the students who are going to take admission in Sirpur Hostel, have to compulsorily fill the attached undertaking. They must ensure that Part-B of undertaking is signed by their parents/guardians.

By Order
Admission Committee
Hostel - Sirpur
NIT, Raipur



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No./NITRR/DSW/2025

Date:

**UNDERTAKING BY THE HOSTEL INMATE (STUDENT) AND
PARENT/GUARDIAN**

Part A: Student Undertaking (Hostel Inmate)

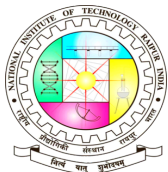
I, Mr./Ms.
son/daughter of Mr./Ms. resident of
(home address)
..... have gone through
and understood the guidelines and protocols for staying in the hostels of the National
Institute of Technology Raipur.

- I understand that if I am found to have given wrong information or hiding some information in the declaration below or found to be not following the prescribed protocols, I will be liable for severe disciplinary action, which may include eviction from the hostel.
- **I hereby declare and undertake that,** I am not presently suffering from any prolonged, severe, or contagious physical illness or any mental health condition that would require specialized continuous care beyond the scope of the Institute Dispensary.
- I will strictly abide by all the rules and regulations of the Institute and the hostel, including conduct, visitor policy, timings, and usage of facilities. I also understand that if I am found to violate any hostel rules, I will be liable for appropriate disciplinary action.
- **I will not leave the hostel/station (Raipur) without obtaining prior written approval from the concerned Chief Warden/Hostel Warden.** I will also inform my parents/guardians prior to leaving the station.
- In case of any issue/grievance (related to hostel facilities, academics, or personnel), I will first inform to the hostel/institute authorities about the same.
- **I will not post/share/comment in social media or any public forum on any grievance that may tarnish the image of the Institute.**
- I understand that due to limited hostel facilities, residents are required to **share the available infrastructure and resources.** I **have no objection** to this arrangement. If at any time **I am not satisfied or comfortable** with the facilities provided, I may choose to vacate the hostel at my own discretion. In such a case, I will not engage in any form of protest or disruptive behaviour regarding the same.
- I further declare that if my roommate/inmate is having any medical health issues, anxiety, or any other matter that requires immediate attention, I will inform the Chief Warden/Hostel Warden/Caretaker/Matron immediately without fail.
- I will inform my parents/guardians and the hostel authorities immediately, if required, in case of any personal exigency such as severe depression, mental health issues, or act of indiscipline.

Name of Student:

Roll No of Student

Signature of the Students



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• **Part B: Parent/Guardian Acknowledgement (Hostel Stay & Emergency)**

I, Mr./Ms., Parent/Guardian of Mr./Ms. (Hostel Inmate), Roll No:..... acknowledge the following responsibilities:

- In case of any medical emergency, I shall coordinate the well-being of my ward, as it is the responsibility of the parents/guardians to take care of their ward for treatment outside the Institute campus.
- I authorize the Hostel Warden or Chief Warden to act on my behalf, as per the situation, in the event of a medical emergency.
- I will be present physically as and when the Institute will ask me during my ward's stay, in case of any extreme exigency such as a serious health issue, an act of indiscipline, etc.

Details of local Guardian (optional)

Signature of the Local Guardian

Signature of the Parent/Guardian

Name of the Local Guardian

Name of the Parent/Guardian

Mobile No.:

Mobile No.: