



**SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY,
LONGOWAL, DISTT. SANGRUR (PB.)**

(Established by Govt. of India)

DEPARTMENT OF HOSTELS

**Undertaking from Parents
(For CERTIFICATE / DIPLOMA STUDENT)**

1. I, Mr. /Ms. _____ undertake my ward
Mr./Ms. _____ Regn. No. _____ will
strictly follow all the rules and regulations of the Hostel/Institute (including discipline)
mentioned in students guide and framed from time to time.
2. *I undertake that my ward will not use any auto vehicle in the Institute.

(For DEGREE / PG STUDENT)

1. I, Mr. /Ms. _____ undertake my ward
Mr./Ms. _____ Regn. No. _____ will
strictly follow all the rules and regulations of the Hostel/Institute (including discipline)
mentioned in students guide and framed from time to time.
2. **I undertake that in case of my ward keeping auto two-wheeler in the campus, I will bear
the full responsibility of any mishap due to the vehicle or due to the driver or pillion rider of
third party and the Institute will not be held responsible for the same. I shall not put any
claim before the Institute.
3. I undertake that if my ward keeps the auto two-wheeler in the hostel/Institute he will
register his vehicle with photocopies of full documents and driving licence in the respective
hostel office and deposit Rs. 25/- as token money in the hostel office. The vehicle so
parked will be at the risk of the student and the Institute will not be held responsible for
any loss or damage howsoever caused to the vehicle.

*** Institute encourages the use of bi-cycle by the students for pollution free environment.**

****Institute does not encourage the student's to keep any auto four wheeler or two wheeler
for pollution free environment, but degree and PG students may be allowed to keep auto
two wheeler under exigent. They must adhere to Institute rules.**

Signature (Father/Guardian) _____

Name of Father/Guardian _____

Counter Sign. of Student _____

Student's Name _____

Registration No. _____

Date _____



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GENERAL HEALTH REPORT OF STUDENT

Dear Parents/Guardians,

Please furnish the following medical details about your ward in order to facilitate Medical Care to him/her while in the hostel and also **get this form countersigned by a qualified Doctor:**

Please tick the appropriate box (✓)

- Does your ward have?
Asthma () Bronchitis () Acidity () Cardiac Problems ()
Hypertension () Diabetes () Any Other _____
- Is he/she currently under any medication for the above or any other disease?
Yes/No/Not Applicable
If yes, kindly elaborate _____
- Has he/she undergone any surgery so far? Yes/No _____
If yes, kindly elaborate _____
- Is he/she known to be allergic to any particular medicine? Yes/No _____
If yes, kindly elaborate _____
- General Blood Test Report
a) Blood Group and Rh factor _____ b) Haemoglobin _____
c) Differential count _____ d) Blood Pressure _____
- General Urine Test Report
Details _____
- Whether he/she is suffering from any contagious disease? Yes/No
Specify _____
- Height _____cm Weight _____kg.

In case of major sickness/hospitalization, I undertake to reach the hostel/hospital immediately on intimation and take charge of my ward. In case of ward suffering from any contagious disease, he/she has to vacate the hostel immediately and he/she will be allowed to stay in the hostel only on producing a fitness certificate from the doctor concerned.

Signature (Father/Guardian) _____

Name of Father/Guardian _____

Counter Sign. of Student _____

Student's Name _____

Registration No. _____

Date _____

Comments & Counter signature of Doctor with Seal

For further information or any clarification please contact respective Chief Warden.