INDIAN INSTITUTE OF TECHNOLOGY, KANPUR

SBRA (A to M & Y, Z & AA Blocks)

Dated: _____/_____/_____

Resident's Complete Details

Name of Resident   : _____ Date of Birth: _____

E-Mail ID   : _____@iitk.ac.in Alternate E-mail: _____@_____

Quarter Number   : _____Designation: _____

Name of Supervisor   : _____Department: _____

Lab/Office Phone No.   : _____ Residence Phone No: _____

Name of Spouse   : _____ Profession: _____

*Name of Children 1   : _____ Age: _____

*Name of Children 2   : _____ Age: _____

*Two Wheeler Registration Numbers: _____

*Four Wheeler Registration Numbers: _____

Local Address (If any)   : _____

_____

_____PIN _____

Permanent Address   : _____

_____

_____PIN_____

Phone Number   : STD Code [   ]   Number [   ]

Mobile Number(s)   : [   ]   [   ]

Students' Signature

*Please write NA if not applicable
** For extra information, please use the space available.