



राष्ट्रीय प्रौद्योगिकी संस्थान, राउरकेला
National Institute of Technology, Rourkela

AC - R - 02
[For duplicate ID/MB]

To - Asst. Registrar [Academic]
NIT Rourkela

___/___/201__

Full Name [in BLOCK letters]	Mr./Mrs./Miss.
Roll No.	Mobile No.
Dept./Specialization	

Request for: [circle the below option(s) whichever you are applying for]

- 1 Correction of Details [in Institute Records, Database & Identity Card]

OLD DATA	NEW DATA	REASON FOR CHANGE	D/B UPDATED [for office use only]
			Y/N
			Y/N
			Y/N

* attach relevant document as proof for the above mentioned correction

- 2 Medical Book [MB] DUPLICATE VALIDITY EXTENSION - Valid Till ___/___/201__

[tick whichever is applicable, attach relevant documents wherever necessary]

- Duplicate [attach online payment receipt of Rs. 100/-]
- Validity Extension [recommendation from the Supervisor/Faculty Advisor]

- 3 Identity Card [ID] DUPLICATE CORRECTION OF DETAILS VALIDITY EXTENSION

[tick whichever is applicable, attach relevant documents wherever necessary]

Valid Till ___/___/201__

- Duplicate [attach online payment receipt of Rs. 500/-]
- Validity Extension [recommendation from the Supervisor/Faculty Advisor]
- Correction of Details [attach relevant proof with payment receipt of Rs. 500/-]

Student

Faculty Advisor/Supervisor

Head of the Dept.

.....FOR IDENTITY CARD ONLY.....

- No Dues [students with Lib. dues will not be issued Dup. ID Card] Approved for Issue

Asst. Librarian, BPCL

Registrar

To: Asst. Registrar [AC]

.....FOR OFFICE USE ONLY.....

Received ___/___/___:___

Issued ___/___/___:___

Initials of AC Office

ID Card/Medical Book Received, Signature of the Student _____