



INDIAN INSTITUTE OF TECHNOLOGY, KANPUR

Single Bed Room Apartment (SBRA)
(A to L & 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.