

**Siksha 'O' Anusandhan University**  
**Institute of Technical Education & Research**  
Jagamohan Nagar, Jagamara, Bhubaneswar – 751 030  
**Signature Attestation Form**

**Boarder's Information:**

Name : Mobile No.: -----

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Registration No	Branch	Year of Admission	Hostel Room no

**Guardian's Information**

Father's Name & Mobile/Landline No:

Mother's Name & Mobile/Landline No:

Address for communication:

**Local Guardian's Information**

Name	Mobile No	Age	Relationship with Boarder

Occupation :

Address for communication:

**Full Signature of Local Guardian**

**Recent Color Photograph  
Of Local Guardian**

Affix recent color  
passport size  
photograph here

We are willing to authorize Sri/Smt \_\_\_\_\_ as Local Guardian and the above furnished information is true to the best of our knowledge. Signature of Sri / Smt \_\_\_\_\_, local guardian is attested.

Full and short signature of parents with date

Father /Guardian :

Mother/Guardian :