Provost Hostels

Sukkur IBA University

Phone / Mob No. 071-5644040, 0333-2631769 Provost E-mail: <u>ishfaque@iba-suk.edu.pk</u> Admin: E-mail: <u>m.ziaullah@iba-suk.edu.pk</u>

Subject: PARENTS PERMISSION FORM (INFORMATION).

Dear Sir,				
1. It is in	formed that my da	aughter / ward Ms		D/o
		residing at Su	ıkkur IBA University Girls Hos	tel is allowed to meet /
contact / lea	ve for home / city w	ith the following author	zed persons:	
S. No.	Name	Relationship	CNIC No. (Attach Photocopies)	Mobile No.
1				
2				
3				
4				
5				
2. She is al	lowed / not allowed	to leave for home alone	<u>e</u> .	
3. She is <u>al</u>	lowed / not allowed	for market on Sukkur	IBA point bus fortnightly.	
NOTE:				
a. My daug	ghter / ward is herse	lf-responsible for her sa	afety and security outside the hos	stel premises. Therefore,
hostel de	epartment will not be	responsible for any inc	ident.	
b. This ver	y form is devised to	support point no:15 of a	affidavit signed and submitted by	my daughter / ward and
myself.				
c. My daug	ghter / ward will gen	erate ticket for above m	nentioned activity. Once ticket (o	nline portal) is approved
and my	daughter / ward leav	e the hostel. Hostel depa	artment will not be responsible for	or her safety and security
outside t	he hostel premises.	Therefore, hostel departi	ment will not be responsible for a	ny mishap.
		**	G: 1	
			rs Sincerely,	
			er/Guardian Sign:	
			er's Name:	
			er's CNIC No:	
		Posta	ıl Address:	

Father/Guardian Mob. No: _____