



Sri Devaraj Urs Educational Trust (R.)
R. L. JALAPPA INSTITUTE OF TECHNOLOGY
(Approved by AICTE, New Delhi & Affiliated to VTU, Belagavi)
Kodigehalli, Doddaballapur- 561 203



**Request Form for Attending SDP/FDP/Workshop/Seminar/Guest
Lecture/Program by Staff and Students**

Date: _____

Name of the Student/Faculty :

USN/Faculty ID :

Department :

Branch & Year :

Event Name :

Email ID :

Contact Number :

Stay: Hostel Day scholar

If Hosteller

Name of the Hostel :

I assure that I will attend the Program regularly.

Signature of the Student/Faculty

Signature of the Class Coordinator

Signature of LG Coordinator

Signature of HoD