

PASSPORT RELEASE REQUISITION FORM FOR STUDENTS

To,  
Dean Student Welfare  
BITS Pilani Dubai Campus

Name: \_\_\_\_\_

ID No.: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Dear Sir/Ma'am

Kindly release my passport for the purpose of \_\_\_\_\_

**(Parent's prior approval letter or fax copy to be attached)**

I assure you that I shall return my passport on (date) \_\_\_\_\_ to  
Administration Office. My permanent address is given below

Contact Address (Permanent Residence)

Phone No: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**FOR OFFICE USE**

To

The DGM Administration

This request is being Approved.

Passport may be released.

Please inform the Office of Dean Student Welfare in case the passport is not returned by the student till the date committed above.

Warden/Chief Warden  
(if applicable)

Dean Student Welfare