

Indian Institute of Technology Delhi,

Hauz Khas, New Delhi - 110016

Board for Student Welfare

Application For WheelChair(To be submitted to Student Affairs Section)

1. Name of the Student: _____
2. Entry Number: _____
3. Hostel: _____
4. Contact no: _____
5. Email Address: _____
6. Type of Injury: _____
7. Duration of the wheelchair: _____
8. Family Income(Certificate to be enclosed): _____
9. Contact no of the parents: _____

Date:

Student Signature

BSW General Secretary/
BSW Finance Secretary

BSW President

Dean of Student Affairs