**Student Mobile Phone/Other Device Submission Report**

**STUDENT PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** |  | **ID** |  |
| **COLLEGE** |  | **DEPARTMENT** |  |
| **UNIVERSITY ID** |  | **MOBILE PHONE NUMBER** |  |
| **Guardian Mobile Phone Number** |  | **E-mail** |  |

**Submission date: / / 143 H Submission Time:………………………**

**Type of the submitted device:………………………………………………………………………………..**

**Name of the person to whom the device was submitted:……………………………………………………. Signature: …………………………………………**

**Name of the person submitting the device:…………………………………………….Designation:…………………………………..Signature:……………………………………………..**