



ATAL BIHARI VAJPAYEE-
INDIAN INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT
GWALIOR (M.P.)

REQUEST FOR CHANGE IN HOME TOWN ADDRESS

Date:

1. Name of Requisitioner:.....

2. Date of Joining :.....

3. Designation :.....

4. Previous Address :.....

.....

.....

.....

5. New home town address:

.....

.....

6. Reason for change of address:.....

.....

.....

Signature (With date)



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DIRECTOR