



राष्ट्रीय प्रौद्योगिकी संस्थान, दुर्गापुर  
NATIONAL INSTITUTE OF TECHNOLOGY, DURGAPUR  
MAHATMA GANDHI AVENUE, DURGAPUR-713209  
(West Bengal), INDIA, [www.nitdgp.ac.in](http://www.nitdgp.ac.in)

An Autonomous Institution of the Govt. of India under MHRD

Ref: NITD/EST/Security/44/15

Date: 15.06.15

**Notice**

As approved by the competent authority following are the guidelines to be maintained for issue / deposit of Department's / Section's / Centre's Keys from the Security Desks at Main Academic Building & New Administratives Building.

1. Keys will be issued & deposited by the permanent employee of NIT Durgapur. A copy to be forwarded duly recommended by concern head of the Department / Section In-Charge / Centre In-Charge indicating Name, Employee Id No, Designation, Specimen Signature alongwith photo indentity proof to Security Officer.
2. Further in the absence of permanent employee in the Section / Centre / Department, contractual employee under service provider engaged as Multitask Assistant can draw & deposit keys subject to providing a copy indicating Name, Employee no, Designation, specimen Signature and photo indentity proof duly recommended by concerned head of the Department / Section In-Charge / Centre In-Charge.
3. All keys of main entry gate of Departments, Sections & Offices may be deposited to the Security desk at Main Building. One set of keys will be operational by Security and other set will be securely placed in the Estate-Section.
4. Validity for issue of keys for each Department/Section/Offices would be 1 year and to be renewed every year on requisition basis.
5. For day to day Academic activities keys may be issued to all research scholars. A copy may be forwarded duly recommended by HOD indicating Name, Roll No, Identity Card No, Specimen signature alongwith photo indentity proof to Security Officer.

In view of the above requisitions may be sent to Estate section for issue / deposit of keys as per below mentioned format.

Sl. No.	Employee ID / Registration No. / Roll No.	Name & Designation	Department / Section / Centre	Name of Service Provider (in case working under any Service Provider)	Period for which permission is required (plese tick the appropriate box)		Specimen Signature	Valid up to (maximum one year at a stretch)
					Working Hours	Working & Non-Working Hours (both)		

Kindly attach all the necessary documents as mentioned above. Co-operation from all concern is solicited.

15/06/15  
**Registrar (I/C)**

Copy to:

1. Director
2. Registrar
3. All Deans
4. All Heads of the Department / Section / Centres
5. All DRs / ARs
6. File copy.