

**HOSTEL ACCOMODATION - SHORT STAY FORM**

Name of the Student :  
Branch & Semester :  
Admission No :  
Phone No : Parent.....

: Student.....

Hostel : Adam / Eve/Edens (“✓” Whichever is applicable)

Reason for short stay :  
Date from and to which, stay required:  
Signature of Faculty Advisor :

Signature of HOD :

**\*Name & Signature of Parent/Guardian \*Signature of the student with Date**

\*I have read the rules and regulations of the hostel  
<http://mgits.ac.in/infrastructure/hostel/> and undertake to abide by the  
same. Permitted for a Max of 15 days.

**Office Use Only**

Room & Bed No: Allotted: .....

Amount : .....

Amount Paid: ..... Admitted on: .....Till  
.....

**Office Manager**

**Hostel Warden**

**Principal**