

**HOSTEL VACATION STAY BACK FORM**

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

: Student.....

Hostel : Adam / Eve/Eden ("✓" Whichever is applicable)

Reason for stay :  
Date from and to which, stay required:

Signature of Faculty Advisor :

Signature of Faculty Warden :

Signature of the student with Date

**Office Use Only**

Office Manager

Hostel Warden

Principal