

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://mgmits.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