

**HOSTEL ACCOMODATION - SHORT STAY FORM**

**Name of the Student :**

**Branch & Semester :**

**Admission No :**

**Phone No : Parent……………………………..**

**: Student……………………………**

**Hostel : Adam / Eve (“✓” 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/**](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**