

APPLICATION FOR ROOM CHANGE IN UNIVERSITY HOSTELS

Hostel Admission Number	
Name of Student	
Department	
Details of present stay: Name of Hostel Room Number	
Date proposed to shift	

Signature of applicant:

Residential Address:

CLEARANCE REPORT FROM HOSTEL

1.	Whether there are any damages in the room (to door, window, wardrobe, cot, table, chair etc.)	
2.	Whether electric light and installations are in order	
3.	Whether lock and keys supplied are available	
4.	Whether all dues are paid (Rent, establishment fees, mess dues etc.)	
5.	Other liabilities if any	

Matron

Hostel Secretary

Mess Secretary

Asst. Warden

AVAILABILITY REPORT OF PROPOSED ROOM

Name of Hostel	
Room Number	

JP 6-17 (a)

Matron / Assistant Warden

ORDERS OF CHIEF WARDEN

Permitted / Not Permitted

Chief Warden