**CENTRAL OFFICE FOR UNIVERSITY HOSTELS**

Cochin University of Science and Technology

(Phone :0484-2575944, 2862080, E-mail:hostels@cusat.ac.in)

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***FORM TO BE SUBMITTED BY GUESTS WHILE LEAVING HOSTELS***

Name of the student :

Department & Course :

Guest ID :

Hostel Name : Room No.

Date on which hostel vacated :

**Siganature**

**CLEARANCE REPORT FROM HOSTEL**

|  |  |  |
| --- | --- | --- |
| I. | 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 |  |

**Mess Secretary Hostel Secretary Matron/Manager**

Certified that there is ............................./”**NO DUES”** outstanding against the student.

**Head of Department**