

# CENTRAL OFFICE FOR UNIVERSITY HOSTELS

Cochin University of Science and Technology  
(Phone :0484-2575944, 2862080, E-mail:hostels@cusat.ac.in)



Affix a stamp size photo. HoD should sign across the photo and fix the office seal

## APPLICATION FOR STAY IN THE HOSTEL AS GUEST

Name of the student :  
Department :  
Course & Semester :  
Duration of stay required : From .....to.....  
Payment details : Amount : Rs.  
Transaction ID & Date

## DECLARATION BY THE GUEST

I,.....S/o/D/o.....

(Address).....

.....hereby agreed

- (i) to abide by the Rules and Regulations laid by the University for accommodation for students as guests in the University hostels.
- (ii) Will not indulge in any political activity inside the premises of the Hostels.
- (iii) Will not indulge in any activities that may directly or indirectly disturb the inmates of the room.
- (iv) University can take any disciplinary action or dispel me from the hostels if at any time I disobey the Rules and do not honor my declaration.

**Signature of Student**

## DECLARATION BY THE INMATES OF THE ROOM

I/We.....and.....hereby declare that I/We have no objection in allowing the student whose name is given above, to stay in our room as guest for .....days, from .....to.....

**Name, Hostel ID & Signature of Inmates**

Date:

**Signature & Seal of Matron/Manager**

Certified that the applicant is a bonafide student of the Department/School and his/her studentship will expire on .....

Date: (office seal)

Head of the Department

(students staying as Guests for more than one month should submit a Clearance Report from the Hostel while leaving the Hostel)