

CENTRAL OFFICE FOR UNIVERSITY HOSTELS

Cochin University of Science and Technology
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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 :

Signature

CLEARANCE REPORT FROM HOSTEL

Certified that the incumbent Mr/Mshas
stayed in the hostel as Guest with effect fromto..... He/she has
vacated the hostel on He/she has paid all dues (Rent, Establishment fees, Mess
fee etc) and there is no liability outstanding against him/her.

Mess Secretary

Hostel Secretary

Matron/Manager