

HOSTEL CO- ORDINATING UNIT

APPLICATION FORM FOR TRANSFER OF HOSTELS

1. Name : _____ 2. Roll No.: _____
3. Course : _____ 4. Deptt : _____
5. Hostel No. now occupied : _____ Room No.: _____
6. Name of the General Secretary : _____
(of current hostel)
7. Desire transfer to Hostel No.: _____
8. Reasons for seeking transfer : _____

Date : _____

Signature of the applicant

A. REMARK FROM THE WARDEN OF EXISTING HOSTEL

I have no objection / objection to transfer Shri/Ms _____
_____ Roll No.: _____ from this hostel to
H. No.: _____ provided he/she clears all the dues belong to this hostel on
his/her account. Clearing of the dues belong to this hostel on his/her
account. Clearing of the dues may be confirmed from the S.A. UNIT
before making actual shifting.

Date : _____

Warden/Asso. Warden
Hostel No.: _____

I have noted the shifting of the above student

Date : _____

General Secretary
Hostel No.: _____

**B. REMARK FROM THE WARDEN OF THE HOSTEL WHERE THE
STUDENT WISH TO SHIFT**

This hostel has no objection / objection to joining Shri/Ms. _____
_____ Roll No.: _____ in this hostel.
Actual shifting of the student may take place with effect from _____

General Secretary
Hostel No.: _____

Warden/Associate Warden
Hostel No.: _____