



SCHOOL OF MANAGEMENT SCIENCES
VARANASI
(An Autonomous College)

HOSTEL REQUISITION FORM

Student Name : _____

**Father Name /
Guardian Name** : _____

Address : _____

Course : _____ **Roll No.:** _____

Hostel Room : Double Seater Triple Seater

Student Contact No. : _____ **Receipt No.:** _____

Mode of Payment : Online Cheque D.D. _____

Date : _____ (**Signature of the Applicant**)

Name - _____

(Student Copy)

To,
The Hostel Warden
Boys/Girls Hostel,
SMS, Varanasi

Date:- _____

Dear Sir / Madam,

We are sending the student in your hostel for the accommodation. You are requested to allot the Triple /Double seater Room to the student.

Hostel Room : Double Seater Triple Seater

Student Name : _____ **Course:-** _____ **Roll No.:** _____

Father Name : _____ **Contact No.:** _____

Session : _____ **Fee Receipt No.** _____

(Signature)

Administrative Warden

(Signature)

Office Seal, SMS Varanasi