



Muthoot Institute of Technology & Science

HOSTEL ACCOMODATION - SHORT STAY FORM

Name of the Student :
Branch & Semester :
Admission No :
Phone No : Parent.....

: Student.....

Hostel : Adam / Eve ("✓" Whichever is applicable)

Reason for short stay :
Date from and to which, stay required:
Signature of Faculty Advisor :

Signature of HOD :

*Name & Signature of Parent/Guardian *Signature of the student with Date

*I have read the rules and regulations of the hostel

<http://mgmits.ac.in/infrastructure/hostel/> and undertake to abide by the same. Permitted for a Max of 15 days.

Office Use Only

Room & Bed No: Allotted:

Amount :

Amount Paid: **Admitted on:** **Till:**

Office Manager

Hostel Warden

Principal