



HINDUSTAN

INSTITUTE OF TECHNOLOGY & SCIENCE
(DEEMED TO BE UNIVERSITY)

**FORM FOR TEMPORARY STAY IN THE UNIVERSITY GUEST HOUSES,
HOSTELS & OTHER STAFF QUARTERS**

Date :

Name of the Student / Staff / Parent	:		
Student Roll No / Staff Emp. No / Parent ID	:		
Purpose of Stay	:		
Period of Stay	:	From :	To :

Signature

Hostel Office / Hostel Manager Remarks

1. Room Availability - Yes / No - AC / Non AC - Room No.
2. Fees to be Remitted for the Stay Rs.Per Day

Signature of the Hostel Manager

Permitted / Not Permitted

Authorized by DEAN(Admin) (OR) REGISTRAR

Accounts Department

Name of the Student / Staff / Parent	:		
Fees Paid	:		
Receipt No	:		

Signature of the Accounts

**TEAR OF SLIP TO BE HANDED OVER TO IN CHARGES OF GUEST HOUSE /
HOSTEL / STAFF QUARTERS**

Please allow _____ to stay in from _____
to _____ at Room No. _____ as She / He They remitted Rs. _____ in
Accounts (Receipt No. _____) and got approval for Officials