



SCHOOL OF MANAGEMENT SCIENCES
VARANASI

HOSTEL REQUISITION FORM

Name : _____

Father's / Guardian's : _____
Name

Address : _____

Class : _____

Hostel Room : Double Tripple

Date : _____

(Signature of the Applicant)

Name : _____

(For Office Use Only)

Valid from : _____ to _____

Fee Receipt No. : _____

Date : _____

(Signature of the
Hostel Warden)

(Signature of the Sanctioning
Authority)