

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, **Date:-** _____
The Hostel Warden
Boys/Girls Hostel,
SMS, Varanasi

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