



HOSTEL ACCOMMODATION FORM FOR PG STUDENTS (DURING COVID-19)

Name of the Candidate		Roll No.	
Mobile Number		Programme	
WhatsApp Number		Discipline	
Thesis Supervisor Name		Semester	
Mobile No. of Supervisor		Current Hostel	
Mobile No. of parents		Room No.	
Permanent Address			
Duration	From: ___/___/20___ (If short duration) To: ___/___/20___		
E-mail ID		Marital status	Married/ Unmarried
Name of Vaccine		Date of 1 st Dose	___/___/20___
		Date of 2 nd Dose	___/___/20___

If married please provide the details of family members:

Sr. No.	Name	Age	Gender	Relation
1.				
2.				
3.				

Signature with date

Recommendations of Thesis Supervisor/HoD:

He/she is doing experimental and/or computational work for which his/her physical presence in the campus is necessary. I recommend his/her name for hostel accommodation, I will observe, his/her conduct and instruct the candidate to follow social distancing in the lab. I will be in contact with his/her parents from time to time, and be the local guardian for his/her wellbeing. I am also available at the headquarter and if I proceed on leave then I will assign this responsibility to some other faculty Member.

Signature with date: _____

Thesis Supervisor/HoD Name: _____

Use of DSA Office

Mr./Ms. _____ Roll No. _____ may please be allotted a room in Hall _____.

JS/AR (Students)

Approved/ Not Approved

Dean (Students)

Use of Hostel office

Ms./Mr. _____ Roll No. _____ has been allotted the same room/
room No. _____

Hostel Warden

Caretaker: For necessary action