



HOSTEL OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Requisition for Hostel Accommodation (For Students / Special Purposes)

Name of the Student	
Roll Number(s)	
Programme	
Semester	
Department	
Specialization (for PG)	
Purpose	
Duration	From _____ to _____
Signature of the Student	
Signature of the Head of the Department	

OFFICE USE (ACADEMIC OFFICE)

Status of the Student	Reassessment / Supplementary Examination / Formative Assessment / Re Do (Summer) / Re do (during the session)
Signature Associate Dean (Academic)	
Signature Dean (Academic)	
Date	

OFFICE USE (HOSTEL OFFICE)

Permission	Permitted / Not Permitted
Duration	From _____ to _____
Hostel (Name)	
Signature Hostel Convener	
Date	