



**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)**

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

**OFFICE USE (HOSTEL OFFICE)**

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