



Office of the Provost, Boys Hostels

APPLICATION FORM FOR MESS CLOSURE

| | | | | | | | | | |
|-----------------------------|--|---|----|-----|-------------|----------|--|----------|--|
| NAME OF THE STUDENT | | | | | | | | | |
| FATHER's / GUARDIAN NAME | | | | | | | | | |
| ENROLLMENT NUMBER | | | | | ROLL NUMBER | | | | |
| PROGRAMME / COURSE | | | | | DEPARTMENT | | | | |
| MOBILE NO | | | | | EMAIL ID | | | | |
| HOSTEL NO. | | I | II | III | IV | ROOM No. | | MESS No. | |

Mess Closing : **From** _____ **to** _____ (**No. of days** _____)

Reason : _____

If more than 3 days forward this representation through concerned HoD

Signature of the Student

Date.....

Recommendations of HOD

Date: _____

Signature of Hostel Warden
(Mess Warden)