



**NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA SURATHKAL HOSTELS, TRUST ®
SRINIVASNAGAR – 575025**

Phone: (0824) 2474800

Mob: 6364244536

E-mail: hosteloffice@nitk.edu.in

Website <http://www.nitk.ac.in>

APPLICATION FORM- TEMPORARY ROOM ALLOTMENT

Personal Information:

Name		
Gender (M/F)		
Institute/ Department		
Address for Correspondence		
Course of Study /Position		Roll No (If NITK):

Purpose and Duration of Stay:

Purpose of Stay		
Duration of Stay	From	To
Total Number of Days		
Mobile Number:		Email:

Declaration: I hereby declare that the above information is true to the best of my knowledge. I agree to abide by the hostel rules and regulations during my stay.

Signature of Applicant: _____

Date: _____

Recommendation/Approval:

Signature of Faculty Advisor/Guide/Mentor/HOD: _____

Name & Designation: _____

Professor in-charge, Hostels: _____

For Office Use Only:

Allotment	Block:	Room No:
Received Amount ₹		
Allotted Duration:	: Check In Date:	Check Out Date

Authorized Signatory (Hostel Office staff): _____

Date: _____



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APPLICATION FOR RESIDENTIAL CERTIFICATE (FOR PASSPORT ONLY)

From,

Mr/Miss.....,
Class.....Year.....Sem.....
Programme Type (B. Tech/M. Tech/MCA/MBA/M.Sc./Ph.D.)
Roll No..... Branch.....
Room No.....Hostel Block.....
NITKS Hostels, Srinivasnagar-575025

To,

Professor In-Charge,
NITKS—Hostels,
Srinivasnagar-575025 (D.K)

Sir,

Please grant me HOSTEL RESIDENTIAL CERTIFICATE which is required for applying for PASSPORT. The details of my stay in the NITKS Hostels are as follows:

<u>Academic Year</u>	<u>Class</u>	<u>Branch</u>	<u>Roll No</u>	<u>Hostel Block</u>	<u>Room No</u>
.....
.....
.....
.....
.....

Residential Address.....

Thanking You,

Yours Faithfully,

Signature of the Student

Date:

Certificate Issued by the Hostel Staff:

Received Certificate

Professor-In- Charge/Superintendent

Signature of the Student

Date: