

Application Form for the stay of Guest in the SAU Hostel

Name of the Guest.....

Address:
.....
.....

Purpose of Visit:

.....
.....
.....

Period of Stay: from to No. of days ()

Travel Information: (Valid Tickets) Visa Details (submit a photocopy)
.....
.....

Name of the Resident:

Course: Room Number:

Relationship with the Guest:

We have no objection if the guest of our roommate will stay with us.

1. Name of Residents:
Course:..... signature:
2. Name of the Resident
Course: Signature :

I had read all the rules and regulations for the stay of guest in the SAU hostel and take all responsibilities of my guest

Signature of the Resident

To be filled by the hostel office

Form No: Receipt No:.....

Library charges (if paid):

Recommendation of the Hostel Warden.....