

INSTITUTE OF MATHEMATICS AND APPLICATIONS

ANDHARUA, BHUBANESWAR-751029

Student Hostel Room Transfer Form

Student Information			
Name		Student Roll No	
Class (B. Sc. / M. Sc.)		Year of study (1 st / 2 nd / 3 rd)	
Place of Accommodation			
<p>I would like to change my room of Hostel Accommodation from room number -----to ----- at (time) _____ on (date) _____. Both the rooms and their amenities are checked and are in good condition.</p>			
Signature of student and date		Authorized signature and date	
Remark		Hostel Superintendent/ Asst. Superintendent's Signature with date	
