



मालवीय राष्ट्रीय प्रौद्योगिकी संस्थान जयपुर MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR

(Institution of National Importance under NITs Act, Established by Govt. of India)

J.L.N. Marg, Jaipur-302017 (Raj.) INDIA. www.mnit.ac.in

Tel: 0141-2713373 (Office), Fax : 0141- 2529029

OFFICE OF DEAN STUDENT WELFARE (HOSTEL OFFICE)

No. MNIT/DSW/HO/2024-25/ 1861

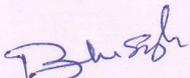
Date: 01/05/2025

CIRCULAR

Due to summer vacation all the hosteller student of UG & PG who are currently residing in the hostel are informed to vacate their room before proceeding for summer vacation. This is required for maintenance of the building. If required, students can deposit their baggage in the respective hostel common room. Students have to strictly handover the room to the Caretaker, Non-Compliance will be taken very seriously.

Additionally, Students of **UG & PG final year** have to submit their **No-Dues/ Refund Performa** to concerned Caretaker, while vacating the room.

Niranjana Patel
30/04/2025
AR (Hostel)


DR (Hostel)

Copy to: -

1. Dean (SW) – for kind information
2. Associate Dean (Students)-for kind information
3. Associate Dean (Mess)- for kind information
4. All Hostel Warden – for kind information
5. All Hostel Caretakers
6. Institute Notice Board
7. All Hostel Notice Board (Boys & Girls)

MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR

Office of Dean Student Welfare: Hostel Wing

PERFORMA FOR HOSTEL NO DUES & CAUTION MONEY FOR GRADUATING HOSTEL RESIDENTS

(Hostel Name & No:.....)

(To be filled by the Student)

Student Name: _____

Student Id: _____

Mobile No. of Student: _____

Email Id of Student: _____

Parent's Name (Father/Mother/Guardian): _____

Mobile No. of Father/Mother/Guardian: _____

Address of Correspondence: _____

Room No: _____

Hostel Joining Date: _____ Hostel Leaving Date: _____

BANK DETAILS FOR REFUND OF CAUTION MONEY

(To be filled by the Student)

Name of Beneficiary (CAPITAL LETTERS): _____

Account No. _____ IFSC Code: _____

Bank Name & Address: _____

Details of Items in Room:

	TUBE LIGHT	FAN	TABLE	CHAIR	COT
Tick (✓) If present in Room, Tick (x) If not present in Room.					
Health / Condition put Good (Not Broken) or Poor (If Broken)					

Student's Signature

Comments by Caretaker including condition of White Wash: _____

Caretaker's Signature

Comments by Warden: _____

Warden's Signature

FOR HOSTEL OFFICE USE ONLY

Amount and Date of Caution Money Refunded with Transaction ID _____

