HOSTEL- NO DUES FORM

NAME _______________________________  DESIGNATION ______________________________

DEPARTMENT __________________ Name & Hostel No. ______________________________

Room No. ___________________________  Date of completion of tenure ______________

Date of vacation of room ________________  Penal/normal rent amount if any Rs. ________

Date ________________________________  Receipt No. __________________________

PLEASE NOTE:

Male U.G. students S. No UG Hostel 1&2, Resident’s Hostel 1&2 is applicable

Female U.G. students S. No Female UG Hostel & Nursing Hostel is applicable

Male Patna AlMSSonian P.G. Residents S. No UG Hostel 1&2, Resident’s Hostel 1&2 is applicable.

Male Non acaed JR. Resident’s S. No. UG Hostel 1&2, Resident’s Hostel 1&2 is applicable

Female Non acaed JR S. No. Female UG Hostel & Nursing Hostel is applicable

Male SR Resident’s UG Hostel 1&2, Resident’s Hostel 1&2, AlMSS Residual Complex is applicable.

Female SR Resident’s UG Hostel 1&2, Resident’s Hostel 1&2, Female UG Hostel & Nursing Hostel, AlMSS Residual Complex is applicable.

Female Nursing Students & Staff S. No. Female UG Hostel, Nursing Hostel AlMSS Residual Complex is applicable.

Sr. No.

1. WARDEN-IN-CHARGE UG HOSTEL NO. 1 & 2
2. WARDEN-IN-CHARGE Resident’s HOSTEL NO. 1 & 2
3. WARDEN-IN-CHARGE Female UG HOSTEL NO.
4. WARDEN-IN-CHARGE Nursing HOSTEL NO.
5. Faculty-In-Charge Guest House
6. Faculty-In-Charge Transit Accommodation.
7. Administrative Officer (For AlMSS Residual Complex).

(WARDEN)