Attachment-3

Hostel Room Clearance Certificate

This	is	to	certify	y that
Mr./Mrs./Ms				bearing the
Reg. No		, belon	ging to the	Department of
			for the aca	demic year 202
to 202, w	as staying ir	n the roc	om no	of
			_Hostel. It	was found that
he/she has not	damaged the r	oom or to ot	her electrical	fixtures in his /her
room. It was al	so found that th	ere was no c	lefacing of w	alls in the room in
which he/she v	vas staying.			

AE/JE/Caretaker (Hostels) Warden

DR/AR (Hostels)

Date:

* AE/JE/Caretaker (Hostels)/Warden will sign after physical verification of Hostel room. Students can fill-up the details and deposit the form at the Hostel Office.

Damaged Report, if any: