



सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सूरत
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT
सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्था, સુરત

SVNIT

No.

Date:

To,
Co-Chairman
Council of Warden

Dear Sir/Madam,

Please furnish the record of Mr / Ms _____,
Admission No _____ about his / her hostel occupancy status from ____/____/20__
to ____/____/ 20__. It is essential to verify the House Rent Allowance (HRA) by the
beneficiary under the CSIR fellowship for the said period.

Signature of student

Name :
Admission No :
Department :
Date :

Resident / Not resident of hostel (Please tick mark)

Hostel Name: _____ (if resident of Hostel)

Co-Chairman
Council of Warden