### EXERCISING YOUR OPTION:

Do you require Hostel facilities for the Academic Session 2020-21 (Yes/No) *(Tick Only)*

If yes, preferential allotment is requested for:

Hostel Name: __________________________ Type: 1 / 2 / 3 Seater *(Tick Only)* AC / Non AC *(Tick Only)*

Room No.: __________________________ Floor __________________________

(No Earnest Money required)

Preferred Room Partners: 1. __________________________ 2. __________________________

Mention their form S. No. 1. __________________________ 2. __________________________

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<table>
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<tr>
<th>Signature</th>
<th>(Student)</th>
<th>(Warden)</th>
<th>(Hostel Provost)</th>
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**Notes:**

1. Allotment will be considered on first-come-first-served basis.
2. Preference shall be given to students opting to continue in their present room (except first year), but this is not guaranteed.
3. No Guarantee or commitment for any type of preferences is assured.
4. Hostel fee shall be charged from the month of opening of the hostel, which is solely dependent upon the COVID-19 situation and its easing off.
5. Management reserves the right to accept / reject this Letter of Intent for Hostel Booking without assigning any reason(s).